

# ALABAMA DEPARTMENT OF SENIOR SERVICES



STATEWIDE NEEDS ASSESSMENT  
AUGUST 2009 – FEBRUARY 2010

ASSESSING THE PROSPECTIVE NEEDS OF  
ALABAMA SENIORS, CAREGIVERS, AND  
PROFESSIONALS IN THE FIELD OF  
AGING AND DISABILITY

## *Acknowledgments*

The Alabama Department of Senior Services (ADSS) appreciates the participation and support received for this project, which consisted of two statewide needs assessments. A committee consisting of ADSS staff and Area Agency on Aging (AAA) directors designed the Needs Assessment for Senior Citizens' Services. The committee also developed the Needs Assessment of Alabama Professionals in the Fields of Aging and Disability based on a Key Informant Survey completed in March 2009, by the Tennessee Commission on Aging and Disability (TCAD) and The University of Tennessee College of Social Work Office of Research and Public Service.

The AAAs and supporting service providers, staff at Alabama's health and human services agencies, volunteers, and general public provided input and invaluable insights on their completed needs assessments. Many organizations offered to publicize the two needs assessments in their newsletters or list serves and informed their readers of ADSS' website availability for convenient on-line completion. We were very impressed with the number of completed surveys which allowed for a better indication of the service needs of Alabamians. We will continue to analyze this information while preparing the Fiscal Years 2011-2014 State Plan on Aging. We encourage each AAA to analyze its region-specific report while developing its Fiscal Years 2011-2014 Area Plan on Aging. Thank you for your participation and cooperation in this important effort. We could not have done it without you.

# *Table of Contents*

<b>List of Tables</b> .....	5
<b>List of Figures</b> .....	6
<b>Introduction</b> .....	7
<b>Purpose and Scope</b> .....	7
<b>Survey 1: Needs Assessment for Senior Citizens' Services</b> .....	7
Methodology.....	7
Target Population and Sample Selection.....	8
Title III Meal Clients.....	8
Title III-E Alabama Cares Clients.....	9
Title XIX Elderly and Disabled Waiver Clients.....	9
Instrumentation.....	9
Website Launch.....	10
Data Collection and Analysis.....	10
Data Entry and Preparation for Analysis.....	10
Data Analysis.....	10
Data Limitations.....	11
Findings.....	11
Survey Participation and Response Rate.....	11
Characteristics of Respondents.....	13
Internal Reliability of the Instrument.....	20
Frequency of Survey Responses.....	20
Content Analysis of Open-ended Responses.....	27
<b>Survey 2: Needs Assessment of Alabama Professionals in the Fields of Aging and Disability</b> .....	28
Methodology.....	28
Target Population and Sample Selection.....	28
Instrumentation.....	29
Website Launch.....	29
Data Collection and Analysis.....	30
Data Entry and Preparation for Analysis.....	30
Data Analysis.....	30
Data Limitations.....	30

## ***Table of Contents (continued)***

Findings.....	31
Survey Participation and Response Rate.....	31
Characteristics of Respondents.....	32
Internal Reliability of the Instrument.....	35
Frequency of Survey Responses.....	35
Unmet Needs.....	35
Barriers to Services.....	35
Personal and Service-related Barriers.....	35
Content Analysis of Open-ended Responses.....	36
<b>Discussion.....</b>	<b>37</b>
<b>References.....</b>	<b>39</b>

### **Survey #1 Attachments:**

<b>Attachment 1: Survey Flyer.....</b>	<b>41</b>
<b>Attachment 2: Letter and General Procedures to AAA Nutrition Coordinators (congregate and home-delivered meal participants).....</b>	<b>43</b>
<b>Attachment 3: Letter and General Procedures to Center Managers (congregate and home-delivered meal participants).....</b>	<b>49</b>
<b>Attachment 4: Letter, General Procedures, and Sample Letter to AAA Alabama Cares Coordinators.....</b>	<b>55</b>
<b>Attachment 5: Letter and General Procedures to AAA Medicaid Waiver Lead Case Managers.....</b>	<b>59</b>
<b>Attachment 6: Needs Assessment for Senior Citizen Services.....</b>	<b>63</b>
<b>Attachment 7: Number of Respondents by County and Age Group.....</b>	<b>69</b>
<b>Attachment 8: Number of Respondents by AAA, County, and Age Group.....</b>	<b>73</b>
<b>Attachment 9: Number of Ratings for Scaled Items.....</b>	<b>89</b>
<b>Attachment 10: Number and Percent of Text Responses.....</b>	<b>99</b>

### **Survey #2 Attachments:**

<b>Attachment 11: Needs Assessment of Alabama Professionals in the Fields of Aging and Disability.....</b>	<b>103</b>
<b>Attachment 12: Number of Respondents by County and Age Group.....</b>	<b>109</b>
<b>Attachment 13: Number of Respondents by AAA, County, and Age Group.....</b>	<b>113</b>
<b>Attachment 14: Number of Ratings for Scaled Items.....</b>	<b>117</b>
<b>Attachment 15: Number and Percent of Text Responses.....</b>	<b>135</b>

# *List of Tables*

## **Survey #1 Tables:**

Table 1. Number and Percent of Respondents by Area Agency on Aging.....	12
Table 2. Number and Percent of Respondents by Race.....	14
Table 3. Number and Percent of Respondents by Monthly Household Income.....	15
Table 4. Number and Percent of Respondents by Marital Status.....	16
Table 5. Number and Percent of Respondents by Educational Status.....	17
Table 6. Number of Completed Pre-coded Surveys by Respondent Type.....	18
Table 7. Number and Percent of Respondents by Respondent Type and Age Group.....	19
Table 8. Internal Reliability.....	20
Table 9. Top 10 Services.....	21
Table 10. Top 10 Services (Congregate Meal Clients).....	22
Table 11. Top 10 Services (Home-delivered Meal Clients).....	23
Table 12. Top 10 Services (Alabama Cares Clients).....	24
Table 13. Top 10 Services (Medicaid Waiver Clients).....	25
Table 14. Top 10 Services (General Public).....	26
Table 15. Number and Percent of Text Responses by Topical Area.....	27

## **Survey #2 Tables:**

Table 16. Number and Percent of Respondents by Area Agency on Aging.....	31
Table 17. Number and Percent of Respondents by Race/Ethnicity.....	33
Table 18. Top Five Personal Barriers.....	36
Table 19. Top Five Service-related Barriers.....	36
Table 20. Number and Percent of Text Responses by Topical Area.....	36

# *List of Figures*

## **Survey #1 Figures:**

Figure 1. Distribution of Respondents by Area Agency on Aging.....	13
Figure 2. Distribution of Respondents by Age Group.....	13
Figure 3. Distribution of Respondents by Area Agency on Aging and Gender.....	14
Figure 4. Distribution of Respondents by Race and Age Group.....	15
Figure 5. Distribution of Respondents by Monthly Household Income and Age Group.....	16
Figure 6. Distribution of Respondents by Marital Status and Age Group.....	17
Figure 7. Distribution of Respondents by Educational Status and Gender.....	18
Figure 8. Distribution of Respondents by Type of Service.....	19
Figure 9. Distribution of Respondents by Type of Service and Age Group.....	20

## **Survey #2 Figures:**

Figure 10. Distribution of Respondents by Area Agency on Aging.....	32
Figure 11. Distribution of Respondents by Age Group.....	32
Figure 12. Distribution of Respondents by Area Agency on Aging And Gender.....	33
Figure 13. Distribution of Respondents by Race and Age Group.....	34
Figure 14. Distribution of Respondents by Type of Professional Field.....	34

## ***Introduction***

The Alabama Department of Senior Services (ADSS) 2009 statewide, comprehensive needs assessment was comprised of one needs assessment by the general public and a second needs assessment designed for professionals in the fields of aging and disability. These components supported the U.S. Administration on Aging's strategic goals and objectives. To minimize project costs, ADSS and Area Agency on Aging (AAA) staff designed and field-tested the two needs assessments. ADSS staff developed supporting software, posted the needs assessments to ADSS' website, and compiled statewide and region-specific reports.

## ***Purpose and Scope***

The intent of the first needs assessment – for the general public – was to identify services that respondents believe to be important at this time and during the next five years. The second needs assessment gave professionals in the fields of aging and disability an opportunity to identify the highest priority needs in their communities, to describe their organizations' greatest challenges or barriers in serving older adults in Alabama, and to identify personal and service-related barriers in providing and accessing services. Each needs assessment included a variety of questions addressing many of the significant issues and trends as well as items of concern suggested by the Survey Development Committee. The Committee consisted of ADSS staff and three AAA Directors. This statewide report describes the methodologies utilized, the target populations and resulting samples, data collection and analyses conducted, and key findings.

## ***Survey 1: Needs Assessment for Senior Citizens' Services***

### ***Methodology***

From August 24 to November 25, 2009, ADSS surveyed the general public to determine which social and health services issues were most important to them. The survey was designed to be as comprehensive as possible to obtain input for the development of the Fiscal Years 2011-2014 State Plan on Aging and each AAA's Fiscal Years 2011-2014 Area Plan on Aging. For effective use of people, time, funds, and other resources, the Survey Development Committee decided to undertake an on-line survey and to mail hardcopy, pre-coded surveys to each AAA. This approach entailed selecting a sample, designing an instrument, developing supporting software, and launching the survey.

In hopes of collecting significant data in two months and reducing data entry error, ADSS posted the survey to its website for convenient on-line completion or downloading; respondents could also contact ADSS to request a hardcopy. To reach a goal of 800 respondents for this survey, ADSS strived to contact at least 1,600 respondents to allow for fallout (i.e., those who might not

choose to participate or those who might drop out after partial survey completion). ADSS distributed 1,605 pre-coded surveys to the AAAs, 28 copies to additional individuals, and requested all completed surveys be mailed to ADSS for data entry.

To advertise the needs assessment, ADSS developed a flyer and provided each AAA with enough copies to post in senior centers approximately two weeks prior to the survey becoming operational (See Attachment 1). The AAAs could also post copies of this flyer throughout their regions. In addition, ADSS contacted other state organizations in hopes of publicizing the survey in their newsletters.

## ***Target Population and Sample Selection***

The Survey Development Committee considered many factors in defining the optimal target population. Surveying Alabama's adult population in general or its vulnerable adult population (i.e., persons ages 60 and over and adults with disabilities) would have yielded useful information; however, this approach did not seem feasible given the two-month timeframe and available resources. The Committee wanted to provide hardcopy surveys to potential respondents lacking computer access and to purposefully include three groups of existing clients in the study, including homebound clients. Using a 95-percent confidence level and a five-percent margin of error (i.e., 95% confidence level means that 95 out of 100 sample percentages will fall within the desired confidence intervals), the committee decided that random samples would be drawn from the following three groups of clients who received services within the third quarter of fiscal year 2009, April 1 thru June 30, 2009: Title III meal clients, Title III-E National Family Caregiver Support Program clients (Alabama Cares), and Title XIX Elderly and Disabled Medicaid Waiver clients (Medicaid Waiver).

### **Title III Meal Clients**

ADSS developed two random samples of the Title III meal clients: (1) senior centers that only served congregate meal clients (18,167 clients); and (2) senior centers that only served home-delivered meal clients (8,388 clients). Initially planning to mail blank surveys to 376 congregate meal clients and 367 home-delivered meal clients, ADSS thought it would achieve a better response rate if clients received a blank survey from either AAA staff or their center manager directly. At random ADSS selected 93 congregate and 94 home-delivered senior centers to participate in this needs assessment and provided the AAA Nutrition Coordinators with a letter and written survey procedure (See Attachment 2).

Five pre-coded surveys were prepared for each randomly selected senior center to achieve oversampling, which yielded 465 congregate meal surveys and 470 home-delivered meal surveys. ADSS assembled a package per senior center that contained a letter to the center manager, a written survey procedure, blank surveys, and a self-addressed envelope (See Attachment 3). The surveys were pre-coded to identify the AAAs and whether congregate or home-delivered meal clients were being invited to complete a survey.

The center managers could provide a pre-coded survey to any of their clients and were instructed to mail all completed surveys to ADSS. Congregate meal clients completed the surveys at the senior centers; home-delivered meal clients could complete the survey either in a face-to-face



interview during the reassessment process or via telephone with the center manager. AAA staff and center managers assisting with this study were asked to follow these instructions while administering the survey: (1) ensure each client was not coerced to complete this voluntary survey; (2) ensure each client did not write his/her name on the survey to keep responses confidential; (3) provide basic assistance in reading the survey if a respondent needed help in understanding the questions and do their best to ensure survey responses were indeed the respondent's answers; and (4) ensure completed surveys were placed in a large, brown envelope kept in a secure location. The AAAs had the opportunity to also distribute surveys at regional events and to senior centers not included in the random sample.

### **Title III-E Alabama Cares Clients**

ADSS identified 1,993 clients who received Title III-E Alabama Cares services during the third quarter of fiscal year 2009. In lieu of mailing blank surveys to 322 randomly selected Alabama Cares clients, ADSS thought a better response rate would be gained if clients received a survey from their AAA Alabama Cares Coordinator. ADSS created a package per AAA containing a letter to the Alabama Cares Coordinator, a written survey procedure, a sample cover letter to clone and mail to its clients, a different number of pre-coded surveys, and a self-addressed envelope; the surveys were pre-coded to identify the AAA and client type (See Attachment 4). AAAs could provide a pre-coded survey to any of their Alabama Cares clients, and respondents could either complete the survey via telephone with the Alabama Cares Coordinator or receive a pre-coded survey in the mail; all completed surveys were mailed to ADSS.

### **Title XIX Elderly and Disabled Waiver Clients**

ADSS identified 3,677 clients who received Title XIX Elderly and Disabled Waiver services during the third quarter of fiscal year 2009. In lieu of mailing blank surveys to 348 randomly selected Medicaid Waiver clients, ADSS thought it would achieve a better response rate if clients completed a survey with their AAA Medicaid Waiver case manager. ADSS created a package per AAA containing a letter to the Medicaid Waiver lead case manager, a written survey procedure, a different number of pre-coded surveys, and a self-addressed envelope; the surveys were pre-coded to identify the AAA and client type (See Attachment 5). The AAA Medicaid Waiver case managers could invite any of their clients to complete a pre-coded survey face-to-face during the August or September home visit; all completed surveys were mailed to ADSS.

## ***Instrumentation***

Initially, ADSS drafted a 75-item survey for review by the Survey Development Committee. This survey incorporated quantitative and qualitative questions, and most items offered structured Likert-like responses (Very Important, Somewhat Important, and Not Important). Four topical sections identified services for which respondents could mark as Important Now and In The Next Five Years. Each section ended with an open-ended item to allow individual text responses for clarifying answers and addressing any additional questions or concerns. After an iterative process, the questionnaire was refined, and a local AAA Nutrition Coordinator distributed draft copies to a senior center for field testing. Based on their feedback, the survey was modified slightly, resulting in the final 13-item hardcopy version that contained general instructions, four sections relating to the importance of in-home, health care, housing, and

employment services, and items describing respondent demographics. Attachment 6 contains a copy of the final survey.

Because this survey was relatively short, ADSS Information Technology staff developed a software application to interface with potential respondents via ADSS' website and to allow downloading for in-house data analysis. The electronic version was tested by ADSS staff members, and it functioned as desired in the test and production environments. The staff developed a second software application for use by ADSS staff to enter mailed-in surveys. Based on the code written on the pre-coded surveys, the ADSS-only application determined the correct AAA value and type of client completing the survey: congregate or home-delivered meal, Alabama Cares, or Medicaid Waiver.

## ***Website Launch***

The website was officially launched on-line in late August 2009, and ADSS staff e-mailed the web link to the AAAs. The pre-coded hardcopy survey packages were distributed to the AAA Directors at a meeting in Montgomery the previous week. The survey was initially scheduled to last for approximately six weeks with survey responses tallied weekly. After the first week in progress, there were 24 responses. On a daily basis, ADSS staff performed data entry of completed surveys they received and logged the pre-coded surveys to determine each AAA's response rate.

As the six-week deadline approached, the number had grown to 717. ADSS sent follow-up e-mails to seven AAA Directors in early October to determine the status of the pre-coded surveys that had not been returned to the agency. It was decided to extend the survey until mid-November in order to achieve the goal of 800. Subsequently 1,831 completed surveys were received. The survey officially closed on November 25, 2009, and the website was deactivated.

## ***Data Collection and Analysis***

### ***Data Entry and Preparation for Analysis***

Responses submitted electronically via the website were automatically stored in a database on the ADSS server for downloading to Excel. The software application permitted respondents to skip items or leave sections blank. Data entry staff screened the hardcopy surveys for legibility and response acceptability prior to entering them via the ADSS-only software application. For quality assurance purposes, the researcher randomly compared the data entered with the submitted pre-coded forms for ten percent of responses; eighty-one percent of these pre-coded surveys had been accurately entered into the system.

### ***Data Analysis***

From the completed Excel spreadsheet, the survey data were imported to SPSS (Statistical Package for the Social Sciences software). This process involved defining variables and their respective values, as applicable, to generate datasets for subsequent statistical analyses. Because this was a descriptive, cross-sectional study, most analyses focused on descriptive statistics

(frequencies, means, medians, ranges, cross-tabulations, and multiple response groups). To analyze the open-ended text responses, ADSS categorized each response into broader themes and compared data within and between categories.

## ***Data Limitations***

In the past decade, ADSS conducted a statewide needs assessment every four years to obtain input from the general public to support State Plan on Aging development; each needs assessment contained different questions. As with this survey, cross-sectional research obtains information from a single group of respondents at a single point in time with no attempt to conduct follow-up. In its next statewide needs assessment, ADSS will consider including items from the 2009 needs assessment to address the issue of change.

Because the AAAs and center managers could invite any clients to complete a pre-coded survey, there is the assumption that this flexibility may have inadvertently introduced bias into our study. Views expressed by these clients may not be typical of the geographic area or service they receive. In future needs assessments, ADSS will consider providing blank surveys only to randomly-selected individuals.

## ***Findings***

This section identifies the response rates, presents the data analysis results, describes the respondents, and summarizes key findings.

### ***Survey Participation and Response Rate***

ADSS distributed 1,632 hardcopy, pre-coded surveys to the AAAs. These surveys were intended for completion by participants of the statewide nutrition program, Alabama Cares clients, and Medicaid Waiver clients. ADSS received 1,438 completed, pre-coded surveys.

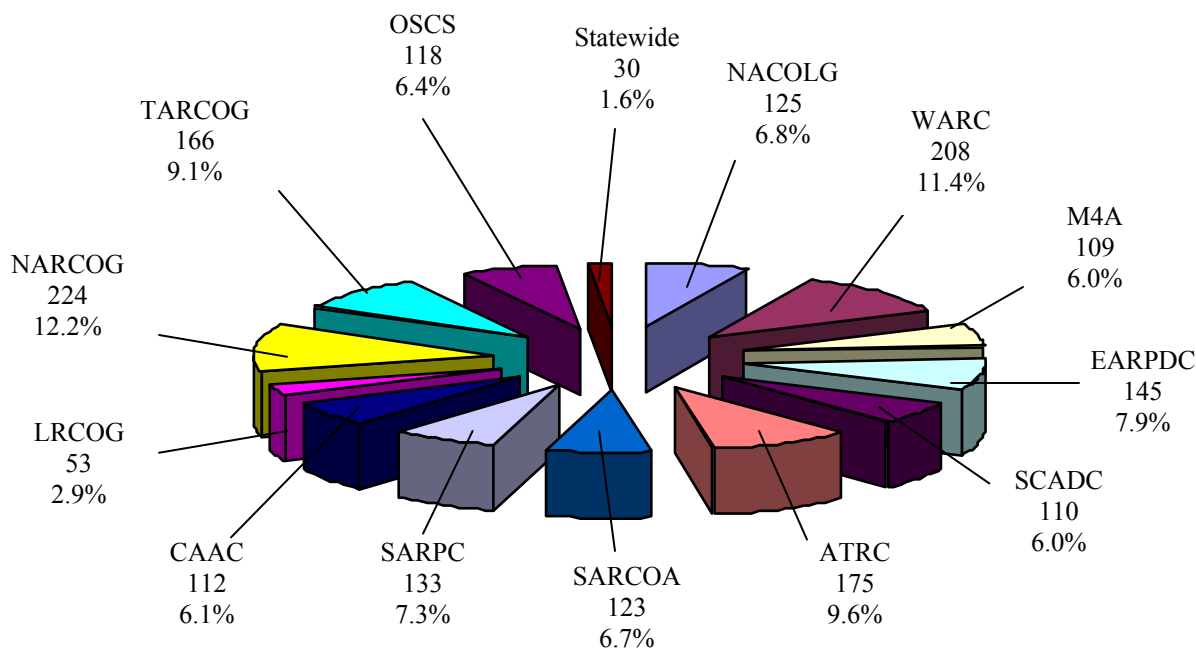
The 1,831 total respondents represented all 13 AAAs. Table 1 identifies the frequencies and percents of completed surveys by AAA; Figure 1 portrays this information as a pie chart. Attachment 7 contains the frequency of respondents by county and age group, and Attachment 8 contains the information by AAA, county, and age group.

**Table 1. Number and Percent of Respondents by Area Agency on Aging**

<b>Area Agency on Aging</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Percent</b>
NACOLG	125	6.8	6.8
WARC	208	11.4	18.2
M4A	109	6.0	24.2
EARPDC	145	7.9	32.1
SCADC	110	6.0	38.1
ATRC	175	9.6	47.7
SARCOA	123	6.7	54.4
SARPC	133	7.3	61.7
CAAC	112	6.1	67.8
LRCOG	53	2.9	70.7
NARCOG	224	12.2	82.9
TARCOG	166	9.1	92.0
OSCS	118	6.4	98.4
Statewide*	30	1.6	100.0
Total	1831	100.0	

\*The “Statewide” results portrayed in Table 1 identify respondents who did not provide their counties of residence.

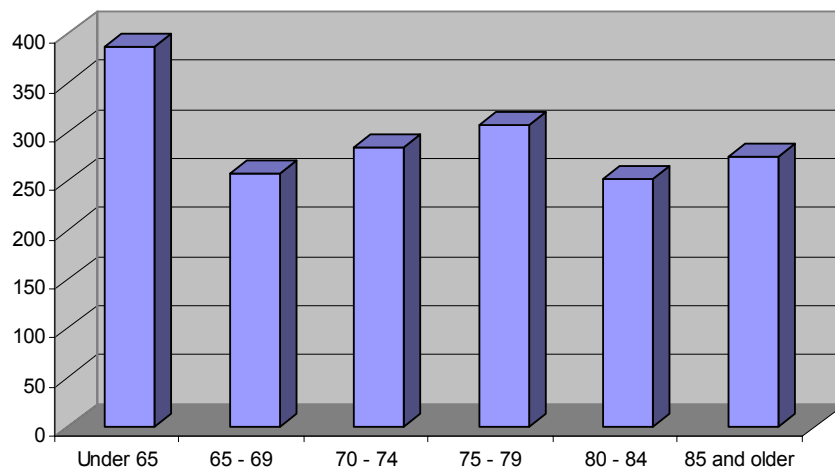
**Figure 1. Distribution of Respondents by Area Agency on Aging**



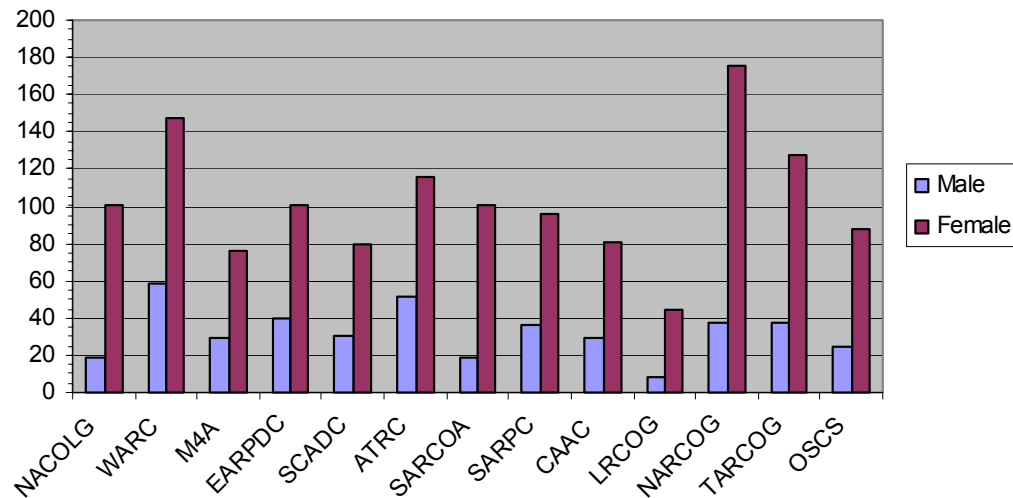
## ***Characteristics of Respondents***

The majority of the respondents (1,377; over 78%) were age 65 or over. Figure 2 contains the frequency of respondents by age group. Of those answering demographic items related to gender, women (1,346 females, 76.1%) outnumbered men (423 males, 23.9%). Figure 3 identifies the frequency of respondents by AAA and gender.

**Figure 2. Distribution of Respondents by Age Group**



**Figure 3. Distribution of Respondents by Area Agency on Aging and Gender**

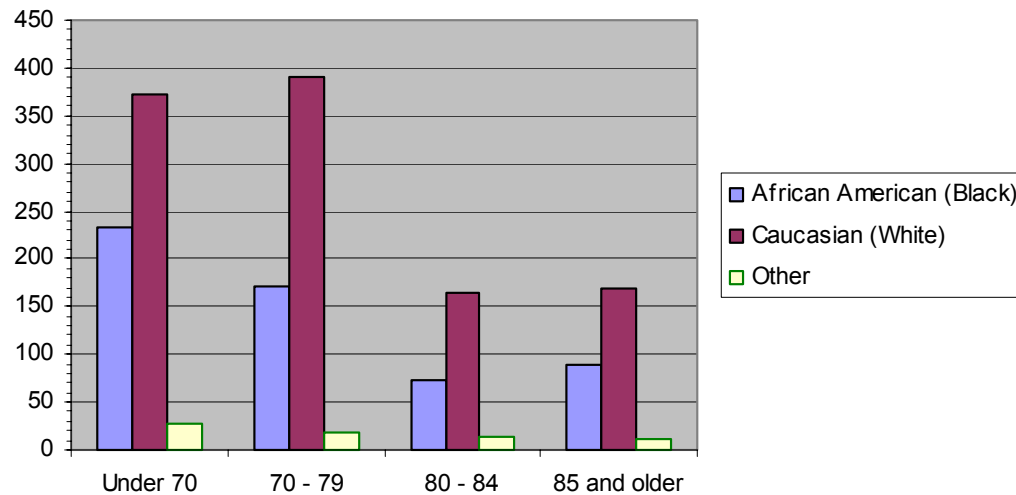


Race showed the sample to be primarily white, with 63% answering “Caucasian/White” on the survey. Only 14 respondents (0.9%) indicated they were of Spanish, Latino, or Hispanic origin. Table 2 displays the frequency of respondents by race; Figure 4 contains the information by race and age group.

**Table 2. Number and Percent of Respondents by Race**

Race	Frequency	Percent	Valid Percent	Cumulative Percent
African American (Black)	576	31.5	32.4	32.4
Asian	1	0.1	0.1	32.5
Caucasian (White)	1124	61.4	63.3	95.8
Mixed Race	14	0.8	0.8	96.5
Native American (American Indian/Alaska Native)	53	2.9	3.0	99.5
Native Hawaiian/Pacific Islander	3	0.2	0.2	99.7
Other	5	0.3	0.3	100.0
Total	1776	97.0	100.0	
Missing (System)	55	3.0		
Total	1831	100.0		

**Figure 4. Distribution of Respondents by Race and Age Group**



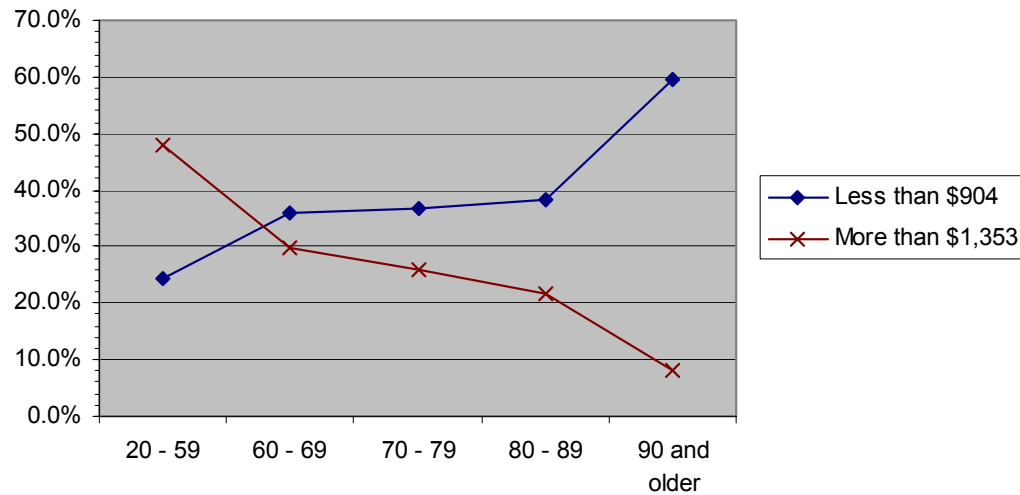
Note: The “Other” race category portrayed in Figure 4 contains the respondents’ answers of Asian, Mixed Race, Native American, Native Hawaiian/Pacific Islander, and Other.

The respondents were asked to identify their monthly household income. Although we assured them that their responses would be held in the strictest confidence, 17 percent of the respondents left this question blank. Over 36 percent of the respondents indicated their monthly household incomes were less than \$904, identifying these respondents as below poverty according to 2009 HHS Poverty Guidelines. Of these respondents, 82 percent identified themselves as age 65 or older. Table 3 contains the frequency of the respondents’ monthly household incomes; Figure 5 portrays the information by monthly household income and age group.

**Table 3. Number and Percent of Respondents by Monthly Household Income**

Monthly Household Income	Frequency	Percent	Valid Percent	Cumulative Percent
Less than \$904	552	30.1	36.5	36.5
\$904 - \$1,127	345	18.8	22.8	59.3
\$1,128 - \$1,353	199	10.9	13.2	72.5
More than \$1,353	416	22.7	27.5	100.0
Total	1512	82.6	100.0	
Missing (System)	319	17.4		
Total	1831	100.0		

**Figure 5. Distribution of Respondents by Monthly Household Income and Age Group**



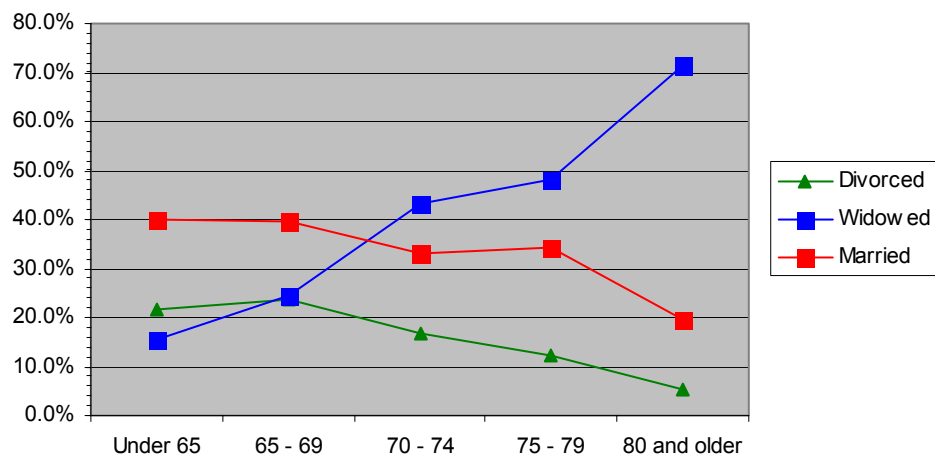
Not surprisingly, 44 percent of the respondents indicated they were widowed, 54 percent of whom identified their monthly household incomes as less than \$904. Table 4 contains the frequency of the respondents' marital status; Figure 6 portrays the information by marital status and age group.

**Table 4. Number and Percent of Respondents by Marital Status**

Marital Status	Frequency	Percent	Valid Percent	Cumulative Percent
Never Married	133	7.3	7.4	7.4
Separated	40	2.2	2.2	9.7
Divorced	262	14.3	14.7	24.3
Widowed	792	43.3	44.3	68.7
Married	560	30.6	31.3	
Total	1787	97.6	100.0	
Missing (System)	44	2.4		
Total	1831	100.0		



**Figure 6. Distribution of Respondents by Marital Status and Age Group**

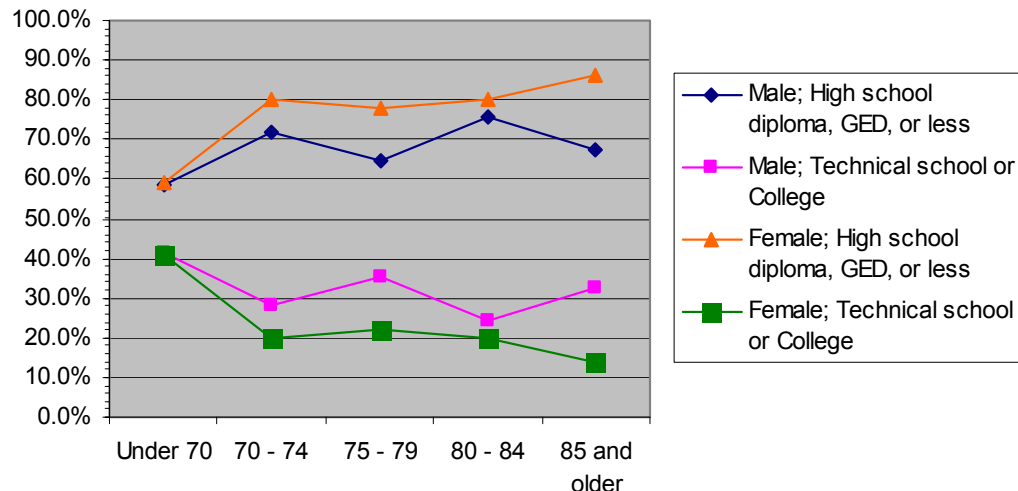


Interestingly, over 71 percent of the respondents indicated the highest grade or year completed in school was 8<sup>th</sup> grade or less, some high school, or a high school diploma or GED. Of these respondents, 46 percent stated their monthly household incomes were less than \$904, and 85 percent identified themselves as being age 65 or older. Table 5 contains the frequency of the respondents' educational status; Figure 7 portrays the information by educational status and gender.

**Table 5. Number and Percent of Respondents by Educational Status**

Educational Status	Frequency	Percent	Valid Percent	Cumulative Percent
8 <sup>th</sup> Grade or less	280	15.3	15.9	15.9
Some High School	405	22.1	23.0	38.9
High School Diploma or GED	567	31.0	32.2	71.1
Technical School	53	2.9	3.0	74.1
Some College	180	9.8	10.2	84.3
Two-year College Degree	82	4.5	4.7	89.0
Four-year College Degree	107	5.8	6.1	95.1
Post Graduate Degree	87	4.8	4.9	100.0
Total	1761	96.2	100.0	
Missing (System)	70	3.8		
Total	1831	100.0		

**Figure 7. Distribution of Respondents by Educational Status and Gender**

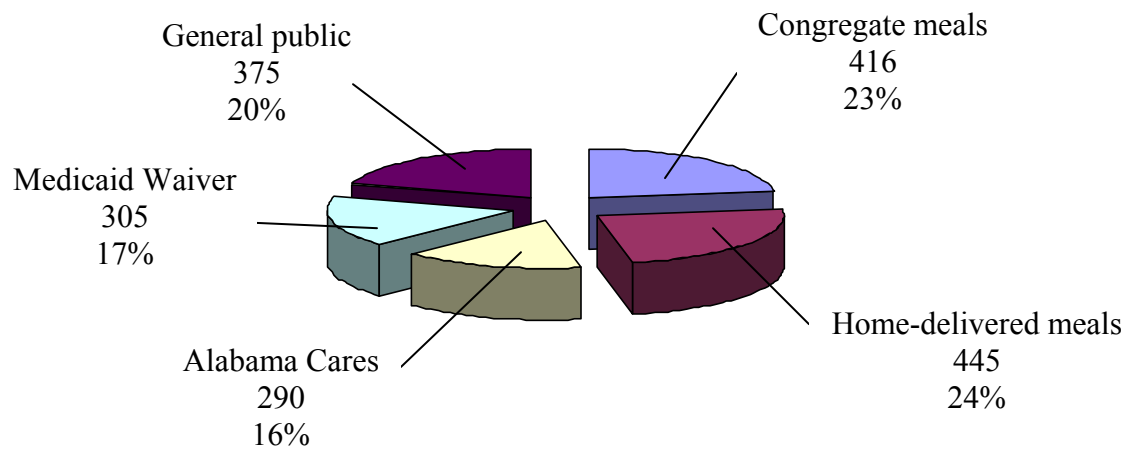


As previously described, ADSS implemented an on-line survey and distributed hardcopy surveys to the AAAs and the general public. Of the completed surveys received, 1,753 (95.7%) were mailed to ADSS and 78 (4.3%) were entered via the on-line survey. Based on the 1,438 completed, pre-coded surveys received from the AAAs, excellent response rates were experienced from clients in each of the four service categories. Table 6 contains the frequency and response rates for respondents who completed a pre-coded survey; Figure 8 identifies the distribution of all survey respondents, including those who used the on-line survey. Table 7 provides the frequency and percent of respondents by respondent type and age group; Figure 9 portrays the information as a chart.

**Table 6. Number of Completed Pre-coded Surveys by Respondent Type**

Respondent Type	Number of Pre-coded Surveys Mailed	Number of Pre-coded Surveys Received	Response Rate
Congregate meal clients	492	416	84.6
Home-delivered meal clients	470	445	94.7
Alabama Cares clients	322	290	90.1
Medicaid Waiver clients	348	305	87.6
Total	1632	1456	89.2

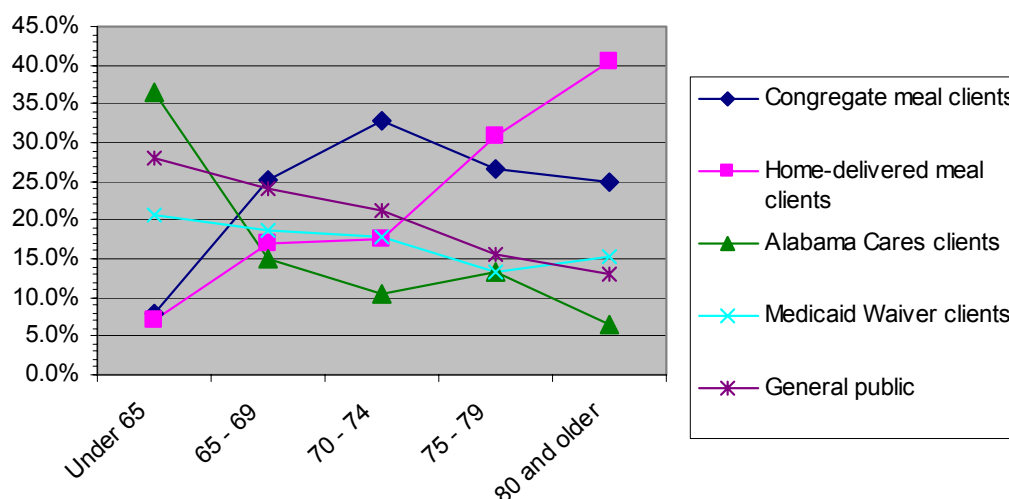
**Figure 8. Distribution of Respondents by Type of Service**



**Table 7. Number and Percent of Respondents by Respondent Type and Age Group**

Respondent Type	Under 65	65 – 69	70 – 74	75 – 79	80 – 84	85 and older	Total
Congregate meal clients	31	65	93	82	79	52	402
	(8.0%)	(25.2%)	(32.7%)	(26.7%)	(31.2%)	(18.9%)	(22.8%)
Home-delivered meal clients	27	44	50	95	83	130	429
	(7.0%)	(17.1%)	(17.6%)	(30.9%)	(32.8%)	(47.3%)	(24.3%)
Alabama Cares clients	141	39	30	41	21	13	285
	(36.4%)	(15.1%)	(10.6%)	(13.4%)	(8.3%)	(4.7%)	(16.2%)
Medicaid Waiver clients	80	48	51	41	31	50	301
	(20.7%)	(18.6%)	(18.0%)	(13.4%)	(12.3%)	(18.2%)	(17.1%)
General public	108	62	60	48	39	30	347
	(27.9%)	(24.0%)	(21.1%)	(15.6%)	(15.4%)	(10.9%)	(19.7%)
Total	387	258	284	307	253	275	1764
	(100.0%)	(100.0%)	(100.0%)	(100.0%)	(100.0%)	(100.0%)	(100.0%)

**Figure 9. Distribution of Respondents by Type of Service and Age Group**



## ***Internal Reliability of the Instrument***

Internal reliability of the instrument was determined by first treating each of the four topical sections (in-home, health care, housing, and employment services) as subscales. The same technique was then applied to the 27 scaled items in the four subscales as a whole. The analysis resulted in Cronbach's alpha coefficient of .944, indicating strong internal reliability of survey items and responses. Comparison of test results for the four subscales and the overall instrument are shown in Table 8.

**Table 8. Internal Reliability**

Service Scale	Number of Items	Cronbach's alpha
In-home	14	.909
Health Care	6	.877
Housing	4	.858
Employment	3	.961
All Four Subscales	27	.944

## ***Frequency of Survey Responses***

In this survey, respondents were given the opportunity to describe how important various services were to them or may be of concern to them in the next five years. Respondents' answers to these 27 scaled items will provide useful information to ADSS and the AAAs as strategic plans are developed for the next four years. Attachment 9 contains the frequency of statewide responses to the scaled items.

As a reminder, the scaled items on the survey offered the respondents Likert-like response choices (Very Important, Somewhat Important, or Not Important). The top items for importance of services were based on item frequencies of the “Very Important” response. Table 9 contains the statewide top responses on service importance by age group. To determine if service importance varied between the respondent types, the frequency of each group’s top items was computed; Tables 10 thru 14 contain this information.

**Table 9. Top 10 Services**

**Importance** (“very important” = 3 points)

<b>Item</b>	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 and older</b>	<b>Total</b>
Nursing care or physical therapy at home	273	181	194	210	370	1228
	(22.2%)	(14.7%)	(15.8%)	(17.1%)	(30.1%)	
Information on diseases and health problems	286	185	201	209	337	1218
	(23.5%)	(15.2%)	(16.5%)	(17.2%)	(27.7%)	
Information on keeping a healthy mind	285	186	200	203	329	1203
	(23.7%)	(15.5%)	(16.6%)	(16.9%)	(27.3%)	
Assistance with laundry, housework, or yard work	281	181	183	194	362	1201
	(23.4%)	(15.1%)	(15.2%)	(16.2%)	(30.1%)	
Having meals delivered to my home	243	168	190	208	388	1197
	(20.3%)	(14.0%)	(15.9%)	(17.4%)	(32.4%)	
Transportation to doctors’ offices and shopping	253	172	184	210	366	1185
	(21.4%)	(14.5%)	(15.5%)	(17.7%)	(30.9%)	
Information on health insurance	280	174	186	194	321	1155
	(24.2%)	(15.1%)	(16.1%)	(16.8%)	(27.8%)	
Assistance in bathing or showering	270	167	165	201	340	1143
	(23.6%)	(14.6%)	(14.4%)	(17.6%)	(29.7%)	
Assistance in preparing meals	257	163	177	192	346	1135
	(22.6%)	(14.4%)	(15.6%)	(16.9%)	(30.5%)	
Assistance in fixing things in home	252	178	187	194	321	1132
	(22.3%)	(15.7%)	(16.5%)	(17.1%)	(28.4%)	

**Table 10. Top 10 Services (Congregate Meal Clients)****Importance** (“very important” = 3 points)

<b>Item</b>	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 and older</b>	<b>Total</b>
Information on diseases and health problems	27	47	74	63	99	310
	(8.7%)	(15.2%)	(23.9%)	(20.3%)	(31.9%)	(100.0%)
Information on keeping a healthy mind	24	54	71	55	99	303
	(7.9%)	(17.8%)	(23.4%)	(18.2%)	(32.7%)	(100.0%)
Information on health insurance	23	49	71	54	98	295
	(7.8%)	(16.6%)	(24.1%)	(18.3%)	(33.2%)	(100.0%)
Nursing care or physical therapy at home	26	48	68	57	94	293
	(8.9%)	(16.4%)	(23.2%)	(19.5%)	(32.1%)	(100.0%)
Transportation to doctors’ offices and shopping	23	43	67	53	86	272
	(8.5%)	(15.8%)	(24.6%)	(19.5%)	(31.6%)	(100.0%)
Information on government services	22	45	63	49	80	259
	(8.5%)	(17.4%)	(24.3%)	(18.9%)	(30.9%)	(100.0%)
Having a day care center close by	20	41	56	53	87	257
	(7.8%)	(16.0%)	(21.8%)	(20.6%)	(33.9%)	(100.0%)
Information on planning a healthy diet	24	49	62	50	73	258
	(9.3%)	(19.0%)	(24.0%)	(19.4%)	(28.3%)	(100.0%)
Having meals delivered to my home	20	38	59	48	85	250
	(8.0%)	(15.2%)	(23.6%)	(19.2%)	(34.0%)	(100.0%)
Assistance in bathing or showering	19	40	57	51	84	251
	(4.0%)	(15.9%)	(22.7%)	(20.3%)	(33.5%)	(100.0%)

**Table 11. Top 10 Services (Home-delivered Meal Clients)****Importance** (“very important” = 3 points)

<b>Item</b>	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 and older</b>	<b>Total</b>
Having meals delivered to my home	25	39	44	82	198	388
	(6.4%)	(10.1%)	(11.3%)	(21.1%)	(51.0%)	(100.0%)
Transportation to doctors’ offices and shopping	20	35	33	68	161	317
	(6.3%)	(11.0%)	(10.4%)	(21.5%)	(50.8%)	(100.0%)
Nursing care or physical therapy at home	20	32	32	65	154	303
	(6.6%)	(10.6%)	(10.6%)	(21.5%)	(50.8%)	(100.0%)
Assistance in preparing meals	13	29	37	63	149	291
	(4.5%)	(10.0%)	(12.7%)	(21.6%)	(51.2%)	(100.0%)
Assistance in fixing things in home	17	32	35	65	130	279
	(6.1%)	(11.5%)	(12.5%)	(23.3%)	(46.6%)	(100.0%)
Assistance with laundry, housework, or yard work	16	30	28	53	148	275
	(5.8%)	(10.9%)	(10.2%)	(19.3%)	(53.8%)	(100.0%)
Information on keeping a healthy mind	18	26	27	64	127	262
	(6.9%)	(9.9%)	(10.3%)	(24.4%)	(48.5%)	(100.0%)
Information on diseases and health problems	19	27	24	63	124	257
	(7.4%)	(10.5%)	(9.3%)	(24.5%)	(48.2%)	(100.0%)
Assistance in bathing or showering	13	22	27	57	132	251
	(5.2%)	(8.8%)	(10.8%)	(22.7%)	(52.6%)	(100.0%)
Information on health insurance	21	28	25	55	120	249
	(8.4%)	(11.2%)	(10.0%)	(22.1%)	(48.2%)	(100.0%)

**Table 12. Top 10 Services (Alabama Cares Clients)**

**Importance** (“very important” = 3 points)

<b>Item</b>	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 and older</b>	<b>Total</b>
Assistance with laundry, housework, or yard work	112	31	27	34	24	228
	(49.1%)	(13.6%)	(11.8%)	(14.9%)	(10.5%)	(100.0%)
Assistance in caring for my relatives or friends	119	28	23	33	18	221
	(53.8%)	(12.7%)	(10.4%)	(14.9%)	(8.1%)	(100.0%)
Information on services in town	110	31	19	25	24	209
	(52.6%)	(14.8%)	(9.1%)	(12.0%)	(11.5%)	(100.0%)
Assistance in bathing or showering	107	31	18	29	20	205
	(52.2%)	(15.1%)	(8.8%)	(14.1%)	(9.8%)	(100.0%)
Nursing care or physical therapy at home	101	27	21	29	26	204
	(49.5%)	(13.2%)	(10.3%)	(14.2%)	(12.7%)	(100.0%)
Information on government services	99	32	18	27	23	199
	(49.7%)	(16.1%)	(9.0%)	(13.6%)	(11.6%)	(100.0%)
Information on keeping a healthy mind	101	25	21	30	19	196
	(51.5%)	(12.8%)	(10.7%)	(15.3%)	(9.7%)	(100.0%)
Information on diseases and health problems	99	25	21	23	22	190
	(52.1%)	(13.2%)	(11.1%)	(12.1%)	(11.6%)	(100.0%)
Assistance in fixing things in home	94	27	20	25	22	188
	(50.0%)	(14.4%)	(10.6%)	(13.3%)	(11.7%)	(100.0%)
Information on health insurance	100	24	18	27	17	186
	(53.8%)	(12.9%)	(9.7%)	(14.5%)	(9.1%)	(100.0%)



**Table 13. Top 10 Services (Medicaid Waiver Clients)****Importance** (“very important” = 3 points)

<b>Item</b>	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 and older</b>	<b>Total</b>
Assistance with laundry, housework, or yard work	66	43	42	34	71	256
	(25.8%)	(16.8%)	(16.4%)	(13.3%)	(27.7%)	(100.0%)
Assistance in bathing or showering	59	38	34	30	69	230
	(25.7%)	(16.5%)	(14.8%)	(13.0%)	(30.0%)	(100.0%)
Information on diseases and health conditions	59	40	35	22	52	208
	(28.4%)	(19.2%)	(16.8%)	(10.6%)	(25.0%)	(100.0%)
Transportation to doctors’ offices and shopping	48	35	36	28	58	205
	(23.4%)	(17.1%)	(17.6%)	(13.7%)	(28.3%)	(100.0%)
Assistance in fixing things in home	55	38	34	27	50	204
	(27.0%)	(18.6%)	(16.7%)	(13.2%)	(24.5%)	(100.0%)
Having meals delivered to my home	54	36	36	23	51	200
	(27.0%)	(18.0%)	(18.0%)	(11.5%)	(25.5%)	(100.0%)
Assistance in preparing meals	49	35	32	26	58	200
	(24.5%)	(17.5%)	(16.0%)	(13.0%)	(29.0%)	(100.0%)
Information on services in town	55	33	37	25	49	199
	(27.6%)	(16.6%)	(18.6%)	(12.6%)	(24.6%)	(100.0%)
Assistance in getting dressed	49	30	31	26	62	198
	(24.7%)	(15.2%)	(15.7%)	(13.1%)	(31.3%)	(100.0%)
Information on keeping a healthy mind	52	32	29	21	43	177
	(29.4%)	(18.1%)	(16.4%)	(11.9%)	(24.3%)	(100.0%)

Note: The narrow parameters used to collect demographics on Medicaid Waiver populations under the age of 65 negate the ability to form any hypothesis regarding status of this population on several service areas.

**Table 14. Top 10 Services (General Public)****Importance** (“very important” = 3 points)

<b>Item</b>	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 and older</b>	<b>Total</b>
Information on diseases and health problems	82	46	47	38	40	253
	(32.4%)	(18.2%)	(18.6%)	(15.0%)	(15.8%)	(100.0%)
Information on keeping a healthy mind	81	49	48	34	40	252
	(32.1%)	(19.4%)	(19.0%)	(13.5%)	(15.9%)	(100.0%)
Information on health insurance	86	42	44	36	39	247
	(34.8%)	(17.0%)	(17.8%)	(14.6%)	(15.8%)	(100.0%)
Nursing care or physical therapy at home	77	45	41	36	43	242
	(31.8%)	(18.6%)	(16.9%)	(14.9%)	(17.8%)	(100.0%)
Information on government services	72	42	42	34	42	232
	(31.0%)	(18.1%)	(18.1%)	(14.7%)	(18.1%)	(100.0%)
Information on planning a healthy diet	69	43	40	38	36	226
	(30.5%)	(19.0%)	(17.7%)	(16.8%)	(15.9%)	(100.0%)
Transportation to doctors’ offices and shopping	76	40	32	34	41	223
	(34.1%)	(17.9%)	(14.3%)	(15.2%)	(18.4%)	(100.0%)
Assistance in fixing things in home	66	38	39	35	39	217
	(30.4%)	(17.5%)	(18.0%)	(16.1%)	(18.0%)	(100.0%)
Information on services in town	72	40	31	33	38	214
	(33.6%)	(18.7%)	(14.5%)	(15.4%)	(17.8%)	(100.0%)
Assistance in preparing meals	70	38	33	32	35	208
	(33.7%)	(18.3%)	(15.9%)	(15.4%)	(16.8%)	(100.0%)

## ***Content Analysis of Open-ended Responses***

In this survey, respondents had opportunities to identify additional comments and concerns after each of the four topical sections and as an overall response. There were 967 text responses received, and the frequency of these responses by topical area is contained in Table 15. These text responses were consolidated to improve readability and are provided in Attachment 10.

**Table 15. Number and Percent of Text Responses by Topical Area**

<b>Topical Area</b>	<b>Frequency</b>	<b>Percent</b>
In-home services	212	21.9
Health care services	146	15.1
Housing services	137	14.2
Employment services	115	11.9
Overall comments	357	36.9
Total Number of Text Responses	967	100.0

# ***Survey 2: Needs Assessment of Alabama Professionals in the Fields of Aging and Disability***

## ***Methodology***

In addition to responses received from the general public via Survey #1, the Survey Development Committee hoped to obtain input from professionals and volunteers in Alabama's Aging Network as additional sources of input for the development of the Fiscal Years 2011-2014 State Plan on Aging and each AAA's Fiscal Years 2011-2014 Area Plan on Aging. After reviewing the 2009 needs assessment reports developed by the Tennessee Commission on Aging and Disability (TCAD) in cooperation with The University of Tennessee, College of Social Work Office of Research and Public Service (SWORPS), ADSS staff contacted TCAD to discuss this research and to obtain approval to use their 2009 Key Informant Survey. Because this survey is in the public domain, ADSS did not require TCAD's written approval for implementation in Alabama.

The decision was made to target primary stakeholders in Alabama, which included people knowledgeable about and experienced with aging and disability issues. From August 24 to December 18, 2009, ADSS surveyed Alabama professionals and volunteers in the fields of aging and disability to identify their views concerning older Alabamians' unmet needs, personal and service-related barriers they have experienced, and organizational challenges in serving Alabama's older population. This survey's goal was to determine if the views of aging network professionals and volunteers differed from those of the general public as identified on Survey #1.

For efficient use of time and resources, the Survey Development Committee decided to undertake an on-line survey and to mail hardcopy surveys to individuals without computer access. This approach entailed designing an instrument, developing supporting software, and launching the survey. In hopes of collecting significant data in two months and reducing data entry error, ADSS posted the survey to its website for convenient on-line completion or downloading; respondents could also contact ADSS or the AAAs to request a blank survey.

Because Survey #1 was accessible via ADSS' main website, potential respondents could only access Survey #2 if they were provided the correct website address. To advertise this survey, ADSS contacted numerous state organizations in hopes of publicizing the survey in their newsletters or through their list serves. It is unknown how many organizations advertised the survey, especially since the next issue of some newsletters would not be released until later this year.

## ***Target Population and Sample Selection***

ADSS developed a list of state-level organizations to contact and each AAA created a contact list of regional and local organizations. Because the estimated number of completed surveys was unknown, the committee agreed that all responses would be accepted and analyzed. The

potential respondents contacted included: ADSS and AAA staff, advisory councils, advocates, Alabama Silver-Haired Legislators, attorneys, boards of directors, city schools, churches and other non-profit faith-based organizations, community and governmental leaders, health and human service agency directors, hospices, hospitals, long-term care facility directors, natural food stores, pharmacies, physicians, senior apartments and housing authorities, senior centers, Social Security Administration, university staff, utility companies, volunteers, wellness and rehab centers, and other individuals. Names, affiliations, mailing addresses, telephone numbers, and e-mail addresses were entered into an Excel spreadsheet; information was also recorded regarding the existence of organizational newsletters and/or list serves through which this survey could be advertised.

## ***Instrumentation***

The Survey Development Committee cloned the 2009 Key Informant Survey developed by TCAD and SWORPS and shortened the survey to 42 items, many of which offered Likert-scaled response choices. The final instrument included items describing respondent area, type, and demographics; unmet needs among Alabama residents age 55 and over; barriers their organizations have faced in serving older Alabamians, and the personal and service-related barriers that might prevent people from accessing their organizations' services. Some sections ended with an open-ended item to allow individual text responses for clarifying answers and addressing any additional questions or concerns. After an iterative process, the questionnaire was refined, tested with ADSS staff, and finalized. Attachment 11 contains a copy of the survey.

Because this survey was relatively short, ADSS Information Technology staff developed a software application to interface with potential respondents via an ADSS website and to allow downloading for in-house data analysis. The electronic version was tested by ADSS staff members, and it functioned as desired in the test and production environments. The staff developed a second software application for use by ADSS staff to enter mailed-in surveys.

## ***Website Launch***

The website was officially launched on-line in late August 2009, and ADSS staff emailed general survey instructions, the web link, and an assurance of confidentiality to individuals on its contact list. The agency forwarded the web link to the AAA Directors, which initiated the sharing of this information with organizations on their regional contact lists. ADSS also mailed hardcopy surveys to members of its Board of Directors.

The survey was initially scheduled to last for approximately four weeks with survey responses tallied weekly. After the first week, there were 70 responses. On a weekly basis, ADSS staff performed data entry of completed surveys they received. As the four-week deadline approached, the number had grown to 190. It was decided to extend the survey until early December in order to possibly get closer to the goal of 300; a total of 303 completed surveys were received. The survey officially closed on December 18, and the website was deactivated.

# ***Data Collection and Analysis***

## ***Data Entry and Preparation for Analysis***

Responses submitted electronically via the website were automatically stored in a database on the ADSS server for downloading to Excel. The software application permitted respondents to skip items or leave sections blank. Data entry staff assessed the hardcopy surveys for legibility and response acceptability prior to entering them via the ADSS-only software application. For example, some items had been marked with multiple responses; if there was a logical “best” choice, that response was entered. Items marked as “not sure” were treated as “missing data.”

## ***Data Analysis***

From the completed Excel spreadsheet, the survey data were imported to SPSS. This process involved defining variables and their respective values, as applicable, to generate datasets for subsequent statistical analyses. Because this was a descriptive, cross-sectional study, most analyses focused on descriptive statistics (frequencies, means, medians, ranges, cross-tabulations, and multiple response groups) to summarize and compare scaled-response items. Although “Not Sure” (designated as “5”) was an acceptable response, it was not counted in the determination of the top-scoring personal and service-related barriers. To analyze the open-ended text responses, ADSS categorized each response into broader themes and compared data within and between categories.

## ***Data Limitations***

Some respondents submitting a hardcopy survey entered multiple responses per column for item #2 (unmet needs) or item #3 (barriers to services) and were nullified. Because the on-line application permitted the entry of only one response per column for these two items, none of these surveys were nullified due to multiple responses. For personal and service-related barriers, frequencies of items with a score of “4” (“significant” evidence) were used to identify the most critical obstacles to accessing services. As previously stated, “not sure” was an acceptable response, but was not counted in the determination of the most significant barriers.

In its last few statewide needs assessments, ADSS obtained input from the general public to support State Plan on Aging development and did not purposefully send surveys to professionals and volunteers working in the aging network. In future needs assessments, ADSS will develop surveys for completion by the general public and individuals working in the aging network to continue comparing responses from both groups of respondents. The agency will consider including items from the 2009 needs assessment instruments to address the issue of change.

Because ADSS and the AAAs could invite any individuals to complete the survey, this flexibility may have inadvertently introduced bias into our study. Views expressed by these respondents may not be typical of the geographic area or service they provide. In future needs assessments, ADSS will consider providing blank surveys to more individuals.

## ***Findings***

This section identifies the response rates, presents the data analysis results, describes the respondents, and summarizes key findings.

### ***Survey Participation and Response Rate***

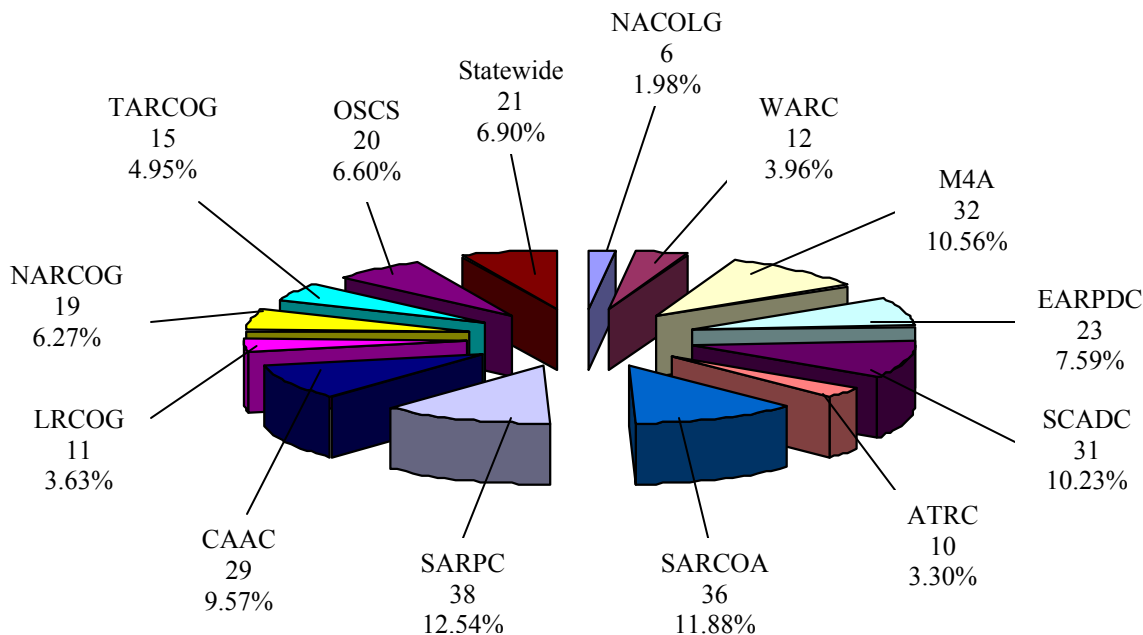
ADSS is unaware of the number of potential respondents contacted statewide for completion of this survey. Therefore, a response rate could not be computed. The 303 total respondents represented all 13 AAAs. Table 16 identifies the frequencies and percents of completed surveys by AAA; Figure 10 contains this information as a pie chart. Attachment 12 contains the frequency of respondents by county and age group; Attachment 13 contains the information by AAA, county, and age group.

**Table 16. Number and Percent of Respondents by Area Agency on Aging**

<b>Area Agency on Aging</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Percent</b>
NACOLG	6	1.98	1.98
WARC	12	3.96	5.94
M4A	32	10.56	16.50
EARPDC	23	7.59	24.09
SCADC	31	10.23	34.32
ATRC	10	3.30	37.62
SARCOA	36	11.88	49.50
SARPC	38	12.54	62.05
CAAC	29	9.57	71.62
LRCOG	11	3.63	75.25
NARCOG	19	6.27	81.52
TARCOG	15	4.95	86.47
OSCS	20	6.60	93.07
Statewide*	21	6.90	100.00
Total	303	100.00	

\*The “Statewide” results portrayed in Table 16 identify respondents who did not provide their counties of residence.

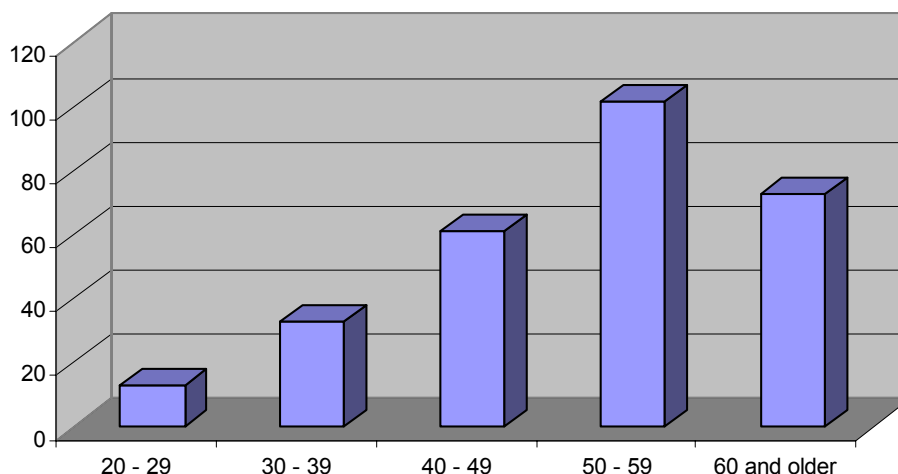
**Figure 10. Distribution of Respondents by Area Agency on Aging**



## *Characteristics of Respondents*

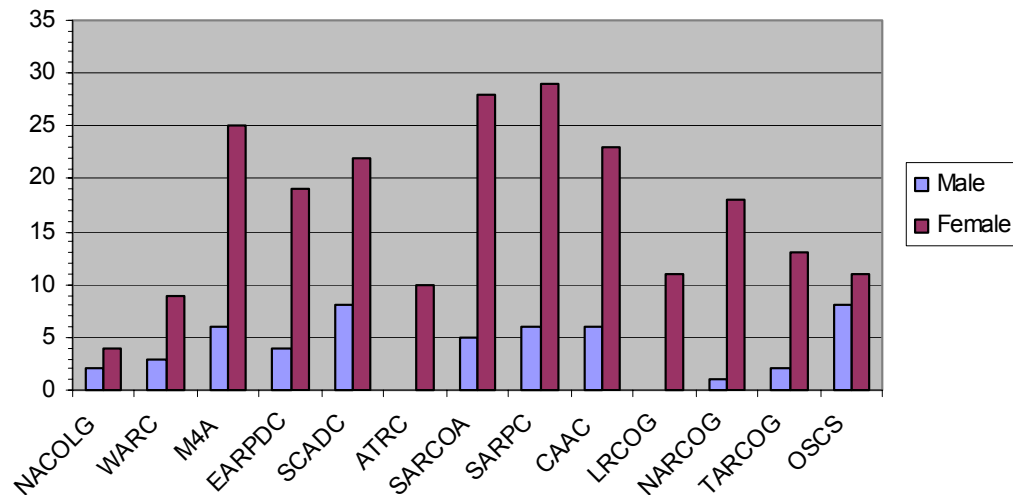
The majority of the respondents (196; over 65%) were ages 30 thru 59, which is consistent with the primary working years for most people. Figure 11 contains the frequency and percent of respondents by age group. Of those answering demographic items related to gender, women (232 females; 81.7%) outnumbered men (52 males; 18.3%). Figure 12 identifies the frequency of respondents by AAA and gender.

**Figure 11. Distribution of Respondents by Age Group**





**Figure 12. Distribution of Respondents by Area Agency on Aging and Gender**

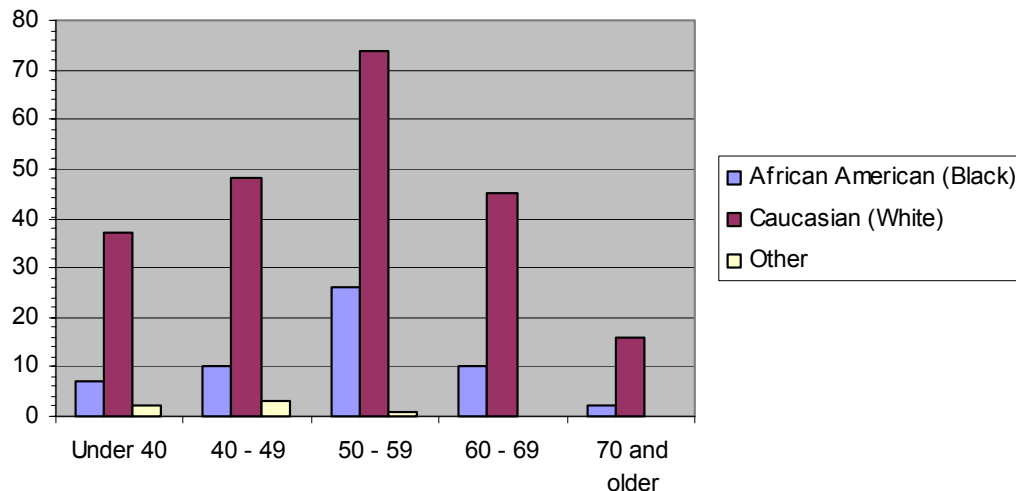


Race showed the sample to be primarily white, with 78.4% answering “Caucasian/White” on the survey. Table 17 displays the overall frequency and percent of respondents by race and ethnicity. Figure 13 contains the information by race and age group.

**Table 17. Number and Percent of Respondents by Race/Ethnicity**

Race	Frequency	Percent	Valid Percent	Cumulative Percent
African American (Black)	55	18.2	18.8	18.8
Caucasian (White)	229	75.6	78.4	97.3
Hispanic/Latino	1	0.3	0.3	97.6
Mixed Race	4	1.3	1.4	99.0
Native American (American Indian/Alaska Native)	3	1.0	1.0	100.0
Total	292	96.4	100.0	
Missing (System)	11	3.6		
Total	303	100.0		

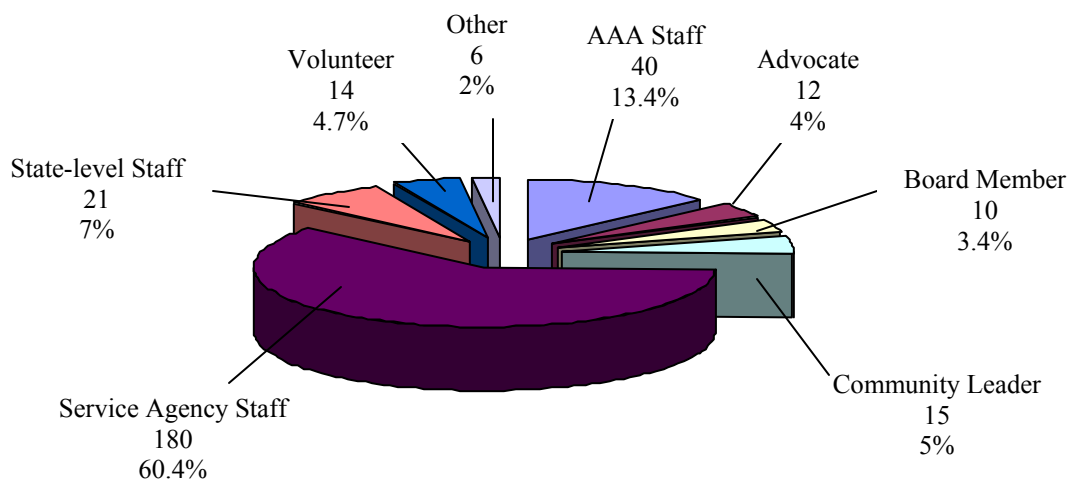
**Figure 13. Distribution of Respondents by Race and Age Group**



Note: The “Other” race category portrayed in Figure 13 contains the respondents’ answers of Mixed Race and Native American.

The respondents were asked to identify their position or role related to programs on aging and disability. Over 60 percent represented service providers as directors or staff members. Sixty-one respondents specified their title, many of which applied to service provider functions and responsibilities. Other entries included Adult Protective Services, city planner, director of a specific office or facility, educator, insurance agent, librarian, police officer, researcher, and student intern. Figure 14 contains the frequency of the respondents’ roles related to this survey.

**Figure 14. Distribution of Respondents by Type of Professional Field**



## ***Internal Reliability of the Instrument***

While ADSS wanted to determine the internal reliability of the instrument (i.e., for personal barriers and service-related barriers as subscales), Survey #2 yielded too few cases to compute Cronbach's alpha coefficient.

## ***Frequency of Survey Responses***

As professionals at the state or local level, respondents were given the opportunity to identify the highest priority needs in their communities. These survey items were organized into two sections: unmet needs and barriers to services. Respondents' answers to these 49 scaled items will provide useful information to ADSS and the AAAs as strategic plans are developed for the next four years. Attachment 14 contains the frequency of responses to the scaled items.

### **Unmet Needs**

Respondents were provided the opportunity to rank various services and activities as unmet needs of Alabamians age 55 and older by identifying the items as greatest, second greatest, or third greatest unmet need. Based on the respondents' answers to these nine scaled items, the top three unmet needs were: (1) transportation for people who no longer drive or are unable to use public transportation; (2) personal care for those with limitations in their activities of daily living; and (3) quality, affordable health care.

### **Barriers to Services**

Respondents were asked to identify the two greatest challenges or barriers that their organizations face in serving older adults in Alabama. Based on the respondents' answers to these eight scaled items, the top two challenges or barriers were: (1) insufficient funding for programs and services; and (2) regulatory or bureaucratic barriers that inhibit the organizations' ability to provide services.

### **Personal and Service-related Barriers**

Respondents were given the opportunity to identify recurring personal and service-related barriers that prevent people from accessing their organizations' services. Based on the respondents categorizing the critical nature of the 18 scaled personal barrier items as "Significant", "Some", "Slight", "No Evidence", or "Not Sure", top items for the most critical personal barriers were based on item frequencies of the "Significant" response. Table 18 contains the statewide top responses regarding personal barriers. Based on the respondents categorizing the critical nature of the 14 scaled, service-related items, top items for the most critical service-related barriers were based on item frequencies of the "Significant" response. Table 19 contains the statewide top responses for service-related barriers.

**Table 18. Top Five Personal Barriers**

<b>Item</b>	<b>Frequency</b>
Poor health or mobility	157
Lack of transportation	144
Loss of financial security	120
Loneliness	104
Lack of family support	95
Co-pay or fee unaffordable	95

**Table 19. Top Five Service-related Barriers**

<b>Item</b>	<b>Frequency</b>
Long waiting lists	115
Eligibility determination process is cumbersome and lengthy	104
Lack of volunteers	94
Consumer's lack of insurance	74
Lack of specialized professionals (geriatricians, geriatric nurses, gerontologists, social workers, physicians, dietitians, etc.)	65

## ***Content Analysis of Open-ended Responses***

In this survey, respondents had an opportunity to describe their position or title, to provide additional comments and concerns regarding the personal and service-related barriers, and to include an overall comment. There were 120 text responses received, and the frequency of these responses by topical area is contained in Table 20. These text responses were consolidated to improve readability; these details are provided in Attachment 15.

**Table 20. Number and Percent of Text Responses by Topical Area**

<b>Topical Area</b>	<b>Frequency</b>	<b>Percent</b>
Role	61	50.8
Personal barriers	17	14.2
Service-related barriers	10	8.3
Overall comments	32	26.7
Total Number of Text Responses	120	100.0

## *Discussion*

This descriptive, cross-sectional study included input from existing clients, the general public, and professionals in the fields of aging and disability across the state of Alabama. For the most part, the respondents answered most of the survey questions. Their replies gave us a better understanding of the social and health needs of Alabamians, particularly of the senior population, and identified many issues for consideration in the development of the new state plan on aging.

The 1,831 Survey #1 respondents and the 303 Survey #2 respondents noted the top services as:

### Top Three Services (from Existing Clients and General Public)

1. Nursing care or physical therapy at home
2. Information on diseases and health problems
3. Information on keeping a healthy mind

### Top Three Unmet Needs (from Professionals in Aging and Disability)

1. Transportation for people who no longer drive or are unable to use public transportation
2. Personal care for those with limitations in their activities of daily living
3. Quality, affordable health care.

Based on their organizations' experiences in serving older Alabamians, Survey #2 respondents identified the top two challenges or barriers as: (1) Insufficient funding for programs and services, and (2) regulatory or bureaucratic barriers that inhibit the organizations' ability to provide services. Given an opportunity to identify significant, recurring personal and service-related barriers that prevent people from accessing their organizations' services, Survey #2 respondents ranked the following barriers:

### Top Three Personal Barriers

1. Poor health or mobility
2. Lack of transportation
3. Loss of financial security

### Top Three Service-related Barriers

1. Long waiting lists
2. Cumbersome/lengthy eligibility determination process
3. Lack of volunteers

Increasing availability of up-to-date, quality information on available resources would assist older adults, individuals with disabilities, and their family members as well as members of Alabama's Aging Network. Providing consumer-directed single points of entry into the continuum of care and social services system, Alabama continues to establish Aging and Disability Resource Centers (ADRC), which empower individuals to make informed choices and to streamline access for long-term care support and services. Alabama's goal is to have Resource Centers in every Area Agency on Aging region by the year 2014 serving as highly visible and trusted places where people can turn for information on the full range of long-term support options. Accessed via the worldwide web, ADSS implemented a virtual ADRC, Alabama Connect, to supplement the physical Resource Centers. The website, [www.alabamaconnect.gov](http://www.alabamaconnect.gov) consists of a statewide database of organizations providing services to

older adults, individuals with disabilities, and their family members. Family members residing away from their loved ones may search local resources that may be of assistance.

The Alabama Wellness Program is designed to help reduce the risk factors for chronic illnesses and disabilities among Alabama's senior population. Proving to be an effective way to promote successful aging, whole-person wellness programs are founded around the six dimensions of wellness – Emotional, Intellectual, Physical, Social, Spiritual, and Vocational Health – and personal wellness concepts such as self-responsibility, optimism, a self-directed approach, self-efficacy, and personal choice. As an extension of the whole person wellness trend, prevention efforts are in high demand. People of any age tend to be healthier, feel better, and maintain their mobility and independence longer when they exercise regularly and eat properly. This is especially true if one wants to prevent, delay, or manage heart disease, certain types of cancer, diabetes, obesity, anxiety, depression, arthritis, or osteoporosis. Poor health does not have to be an inevitable part of aging; small changes in one's life can make a difference.

Lack of safe, accessible, and affordable transportation, particularly in rural areas, greatly impacts the lives of senior citizens and individuals with disabilities, prohibiting access to needed services. United We Ride is an initiative that strives for coordinated human service transportation that calls for the development and implementation of a framework for action reducing and eliminating restrictive and duplicate laws, regulations, and programs related to human service transportation. With the approval of the Federal Transit Administration, ADSS is administering Section 5316 Job Access and Reverse Commute (JARC) Program and Section 5317 New Freedom Program. The JARC program is designed to improve access to transportation services to employment and employment-related activities for welfare recipients and eligible low-income individuals and to transport residents of urbanized areas and nonurbanized areas to suburban employment opportunities. The New Freedom Program is intended to provide new public transportation services and alternatives that address the transportation needs of persons with disabilities that are beyond those required by the Americans with Disabilities Act of 1990.

While they provided very useful information and insights, results of the 2009 statewide needs assessments cannot be examined in a vacuum. Other factors must be considered, such as recent economic conditions and the changing political climate. The demand for funding by ADSS, the AAAs, and local service providers continues to be greater than available federal, state, and local funds. While some programs are unfunded, other programs and services may not receive all of their requested funding. To provide as many services as possible to older persons and individuals with disabilities in the state, ADSS will continue to collaborate with other service providers, to coordinate the provision of services, and to maximize available resources.

While developing the new state plan on aging, ADSS will review the results of this study as it identifies goals, objectives, and strategies for the next four years. We will conduct more frequent needs assessments in the future and will focus each survey on a specific topic. By conducting more focused research, ADSS will continue to better understand the needs of older Alabamians and, consequently, more effectively develop programs and services to meet those needs.

## ***References***

University of Tennessee, College of Social Work Office of Research and Public Service. March 2009. *The Tennessee Commission on Aging and Disability Needs Assessment, Key Informant Survey and Focus Group Report.*





# ATTACHMENT 1

## SURVEY FLYER

# Aging in Alabama

## We want to hear from you!

visit [www.AlabamaAgeline.gov](http://www.AlabamaAgeline.gov) to take the online survey  
or call 1-877-425-2243 to request a survey by mail

Ideas?

Suggestions?

Concerns?



ATTACHMENT 2  
LETTER AND  
GENERAL PROCEDURES  
TO AAA NUTRITION  
COORDINATORS  
(CONGREGATE  
AND  
HOME-DELIVERED  
MEAL PARTICIPANTS)

August 11, 2009

**MEMORANDUM**

**TO:** Nutrition Coordinators

**FROM:** Irene B. Collins, Commissioner

**SUBJECT:** 2009 Needs Assessment: Congregate Meal Clients

Based on input from the Survey Committee, we finalized the 2009 Needs Assessment for Senior Citizens' Services. We look forward to obtaining valuable input from the responders concerning their senior services needs. We are asking for your assistance in distributing this survey to each senior center that has been selected from your region.

To ensure broad representation from congregate and home-delivered meals clients statewide, we created a sample of the senior centers based on the number of Title III congregate or home-delivered meals clients served in Fiscal Year 2009 – Quarter 3. Enclosed is a list of the randomly-selected senior centers for your region and a pre-assembled packet per senior center to assist you. We appreciate your coordinating with the respective center managers and encouraging them to complete the procedure contained in their packet.

The Alabama Department of Senior Services will incorporate the results of the 2009 Needs Assessment in the Fiscal Years 2011-2014 State Plan on Aging. Each Area Agency on Aging will incorporate feedback from its region's responders into its FY 2011-2014 Area Plan. If you have any questions, please feel free to contact (Project Coordinator)(office: xxx.xxx.xxxx, cell: xxx.xxx.xxxx) or (Nutritionist) (office: xxx.xxx.xxxx, cell: xxx.xxx.xxxx) of my staff.

We appreciate your assistance in this important project; we could not do it without you.

IBC/tmh

Enclosures

cc: AAA Directors  
(State Nutritionist)

**General Procedure for Nutrition Coordinators:**

- ❖ Provide a pre-assembled packet of surveys to each center manager. Distribution of these packages may be done during your region's August or September center managers meeting.
- ❖ Each packet contains five (5) pre-coded surveys; a self-addressed envelope to ADSS; and instructions for distribution to either congregate or home-delivered meals clients.
- ❖ If a potential responder is unclear about a survey question, senior center staff or volunteers may explain the wording of the question.
- ❖ Remind the center managers to return the completed surveys to the Alabama Department of Senior Services in the self-addressed envelope.

August 11, 2009

**MEMORANDUM**

**TO:** Nutrition Coordinators

**FROM:** Irene B. Collins, Commissioner

**SUBJECT:** 2009 Needs Assessment: Home-Delivered Meal Clients

Based on input from the Survey Committee, we finalized the 2009 Needs Assessment for Senior Citizens' Services. We look forward to obtaining valuable input from the responders concerning their senior services needs. We are asking for your assistance in distributing this survey to each senior center that has been selected from your region.

To ensure broad representation from congregate and home-delivered meals clients statewide, we created a sample of the senior centers based on the number of Title III congregate or home-delivered meals clients served in Fiscal Year 2009 – Quarter 3. Enclosed is a list of the randomly-selected senior centers for your region and a pre-assembled packet per senior center to assist you. We appreciate your coordinating with the respective center managers and encouraging them to complete the procedure contained in their packet.

The Alabama Department of Senior Services will incorporate the results of the 2009 Needs Assessment in the Fiscal Years 2011-2014 State Plan on Aging. Each Area Agency on Aging will incorporate feedback from its region's responders into its FY 2011-2014 Area Plan. If you have any questions, please feel free to contact (Project Coordinator (office: xxx.xxx.xxxx, cell: xxx.xxx.xxxx) or (Nutritionist) (office: xxx.xxx.xxxx, cell: xxx.xxx.xxxx) of my staff.

We appreciate your assistance in this important project; we could not do it without you.

IBC/tmh

Enclosures

cc: AAA Directors  
(State Nutritionist)

**General Procedure for Nutrition Coordinators:**

- ❖ Provide a pre-assembled packet of surveys to each center manager. Distribution of these packages may be done during your region's August or September center managers meeting.
- ❖ Each packet contains five (5) pre-coded surveys; a self-addressed envelope to ADSS; and instructions for distribution to either congregate or home-delivered meals clients.
- ❖ If a potential responder is unclear about a survey question, senior center staff or volunteers may explain the wording of the question.
- ❖ Remind the center managers to return the completed surveys to the Alabama Department of Senior Services in the self-addressed envelope.





ATTACHMENT 3  
LETTER AND  
GENERAL PROCEDURES  
TO CENTER  
MANAGERS  
(CONGREGATE  
AND  
HOME-DELIVERED  
MEAL PARTICIPANTS)

August 11, 2009

To: Senior Center Managers  
From: Irene B. Collins, Commissioner  
Subject: 2009 Needs Assessment: Congregate Meal Clients

Your senior center has been randomly selected to participate in the 2009 Needs Assessment. The survey has been designed to gather information from your participants, who will be asked to identify services which they think are important now and in the next five years. We are positive the information provided by your clients will enable the Alabama Department of Senior Services and the Area Agencies on Aging to better meet the needs of older Alabamians.

Enclosed are five (5) copies of the 2009 Needs Assessment. Please follow the enclosed instructions to administer this survey. We would like you to invite five congregate meal clients to complete this survey. We appreciate your mailing the completed surveys directly to the Alabama Department of Senior Services in the enclosed self-addressed envelope. Please contact your Area Agency on Aging's Nutrition Coordinator if you have any questions.

**Thank you for your participation in this very important process!**

IBC/tmh

Enclosures

**General Procedure for Center Managers:**

- ❖ Invite five (5) clients in the senior center to complete a survey.
- ❖ Make sure each client is not being forced to complete a survey. Participation in this survey is completely voluntary.
- ❖ Make sure each client does not write his/her name on the survey. All responses will be kept anonymous.
- ❖ If a client is not clear about a survey question, senior center staff or volunteers may explain the wording of the question. Please make sure the responses on the survey are indeed the client's responses.
- ❖ After each client completes a survey, the center manager will place the survey in the large envelope that has been provided to you.
- ❖ You may wish to keep the envelope in a secure place.
- ❖ When all five surveys are completed, seal the envelope and mail it to the Alabama Department of Senior Services by September 30, 2009.

August 11, 2009

To: Senior Center Managers  
From: Irene B. Collins, Commissioner  
Subject: 2009 Needs Assessment: Home-Delivered Meal Clients

Your senior center has been randomly selected to participate in the 2009 Needs Assessment. The survey has been designed to gather information from your participants, who will be asked to identify services which they think are important now and in the next five years. We are positive the information provided by your clients will enable the Alabama Department of Senior Services and the Area Agencies on Aging to better meet the needs of older Alabamians.

Enclosed are five (5) copies of the 2009 Needs Assessment. Please follow the enclosed instructions to administer this survey. We would like you to invite five home-delivered meal clients to complete this survey. We appreciate your mailing the completed surveys directly to the Alabama Department of Senior Services in the enclosed self-addressed envelope. Please contact your Area Agency on Aging's Nutrition Coordinator if you have any questions.

**Thank you for your participation in this very important process!**

IBC/tmh

Enclosures

### **General Procedure for Center Managers:**

- ❖ Invite five (5) home-delivered meal clients to complete a survey.
- ❖ Choose one of the following options for each client:
  - Conduct a face-to-face survey with the client during the client's re-assessment process,  
or
  - Conduct a telephone survey with the client.
- ❖ Make sure each client is not being forced to complete a survey. Participation in this survey is completely voluntary.
- ❖ Make sure each client does not write his/her name on the survey. All responses will be kept anonymous.
- ❖ If a client is not clear about a survey question, senior center staff or volunteers may explain the wording of the question. Please make sure the responses on the survey are indeed the client's responses.
- ❖ After each client completes a survey, the center manager will place it in the large envelope that has been provided to you.
- ❖ You may wish to keep the envelope in a secure place.
- ❖ When all five surveys are completed, seal the envelope and mail it to the Alabama Department of Senior Services by September 30, 2009.



ATTACHMENT 4  
LETTER, GENERAL  
PROCEDURES, AND  
SAMPLE LETTER  
TO AAA  
ALABAMA CARES  
COORDINATORS

August 11, 2009

**MEMORANDUM**

**TO:** Alabama Cares Coordinator

**FROM:** Irene B. Collins, Commissioner

**SUBJECT:** 2009 Needs Assessment

Based on input from the Survey Committee, we finalized the 2009 Needs Assessment for Senior Citizens' Services. We look forward to obtaining valuable input from the general public concerning their senior services needs. We are asking for your assistance in distributing this survey to a sample of Alabama Cares clients in your region.

Per AIMS query results, there were (number of clients) clients who received Title III-E Alabama Cares services in Fiscal Year 2009 – Quarter 3. Based on a random sample of these clients, we request that you obtain completed surveys from (number of clients in sample) Alabama Cares clients in your region, which represents (percent) percent of your agency's third quarter Alabama Cares clients. Enclosed are pre-numbered copies of the 2009 Needs Assessment for completion by a sample of your agency's Alabama Cares clients. Please follow the enclosed procedure as you invite some of your clients to participate in this survey.

The Alabama Department of Senior Services will incorporate the results of the 2009 Needs Assessment in the Fiscal Years 2011-2014 State Plan on Aging. Each Area Agency on Aging will incorporate feedback from its region's responders into its FY 2011-2014 Area Plan. Please feel free to contact (Project Coordinator) (office: xxx.xxx.xxxx, cell: xxx.xxx.xxxx) or (Alabama Cares Coordinator) (office: xxx.xxx.xxxx, cell: xxx.xxx.xxxx) of my staff if you have any questions. We appreciate your assistance in this important project; we could not do it without you.

IBC/tmh  
Enclosures

cc: AAA Director  
(ADSS' Alabama Cares Coordinator)



**General Procedure for Alabama Cares Coordinators:**

- ❖ Your packet contains pre-numbered copies of the 2009 Needs Assessment and a large, self-addressed envelope to ADSS.
- ❖ Telephone each prospective responder to determine if s/he is willing to complete this survey. Maintain a list of Cares clients you contact. If ADSS requests additional surveys from your agency's Alabama Cares clients, you will know which clients have already been contacted.
- ❖ If some of your clients want to receive a hardcopy survey, please personalize the enclosed client cover letter by including your agency's name, the name of your agency's Alabama Cares Coordinator, and your Cares Coordinator's telephone number. You may choose to print this client cover letter on your agency's letterhead.
- ❖ Ensure each prospective responder is not being forced to complete a survey. Participation in this survey is completely voluntary. Make sure each client does not write his/her name on the survey. All responses will be kept anonymous.
- ❖ Choose between one of the following two survey methods:
  - Mailing surveys to prospective responders:
    - Mail a pre-numbered survey to the responder; include a personalized copy of the enclosed cover letter and a self-addressed, stamped envelope using the following address:

2009 Needs Assessment  
c/o Alabama Department of Senior Services  
P. O. Box 301851  
Montgomery, AL 36130-1851
  - Conducting a telephone survey with prospective responders:
    - Complete a pre-numbered survey while talking with the client on the telephone.
    - After each client completes a survey via a telephone call with the Cares Coordinator, please place the completed survey in the large envelope that has been provided to you. You may wish to keep the envelope in a secure place.
    - When all surveys are completed, seal the envelope and mail it to the Alabama Department of Senior Services by September 30, 2009 using the following address:

2009 Needs Assessment  
c/o Alabama Department of Senior Services  
P. O. Box 301851  
Montgomery, AL 36130-1851

## SAMPLE ALABAMA CARES CLIENT LETTER

(name and address of Alabama Cares Client)  
(date)

Dear (name of client):

I am thrilled you have agreed to participate in the 2009 Needs Assessment. The enclosed survey has been designed to identify services which **YOU** think are important now and in the next five years. We are positive the information you provide will enable the Alabama Department of Senior Services and (name of AAA) to better meet the needs of older Alabamians.

Your survey responses will be kept anonymous; we request that you do **NOT** write your name on the survey. Please follow the instructions on the survey. After you complete the survey, mail it by September 30, 2009 to the Alabama Department of Senior Services using the enclosed self-addressed, stamped envelope. If you have any questions, please contact me at (phone number of Alabama Cares Coordinator).

**Thank you for your participation in this very important process!**

Sincerely,

(name of Alabama Cares Coordinator)

IBC/th

Enclosure

ATTACHMENT 5  
LETTER AND  
GENERAL PROCEDURES  
TO AAA  
MEDICAID WAIVER  
LEAD CASE  
MANAGERS

August 11, 2009

**MEMORANDUM**

**TO:** Medicaid Waiver Lead Case Manager

**FROM:** Irene B. Collins, Commissioner

**SUBJECT:** 2009 Needs Assessment

Based on input from the Survey Committee, we finalized the 2009 Needs Assessment for Senior Citizens' Services. We look forward to obtaining valuable input from the general public concerning their senior services needs. We are asking for your assistance in distributing this survey to a sample of Medicaid Waiver clients in your region.

Per AIMS query results, there were (number of clients) clients who received Medicaid Waiver services in Fiscal Year 2009 – Quarter 3. Based on a random sample of these clients, we request that you and your staff obtain completed surveys from (number of clients in sample) Medicaid Waiver clients in your region, which represents (percent) percent of your agency's third quarter Medicaid Waiver clients. Enclosed are pre-numbered copies of the 2009 Needs Assessment for completion by a sample of your agency's Medicaid Waiver clients. Please follow the enclosed procedure as you invite some of your clients to participate in this survey.

The Alabama Department of Senior Services will incorporate the results of the 2009 Needs Assessment in the Fiscal Years 2011-2014 State Plan on Aging. Each Area Agency on Aging will incorporate feedback from its region's responders into its FY 2011-2014 Area Plan. Please feel free to contact (Project Coordinator) (office: xxx.xxx.xxxx, cell: xxx.xxx.xxxx) or (Medicaid Waiver Manager) (office: xxx.xxx.xxxx, cell: xxx.xxx.xxxx) of my staff if you have any questions. We appreciate your assistance in this important project; we could not do it without you.

IBC/tmh  
Enclosures

cc: AAA Director  
(ADSS Medicaid Waiver Program Manager)  
(ADSS Long-Term Care Division Chief)

**General Procedure for Medicaid Waiver Lead Case Managers:**

- ❖ Your packet contains pre-numbered copies of the 2009 Needs Assessment and a large, self-addressed envelope to ADSS.
- ❖ Invite each prospective responder to complete this survey during the August or September home visit.
- ❖ Conduct a face-to-face survey with the client during the monthly face-to-face visit.
- ❖ Ensure each prospective responder is not being forced to complete a survey. Participation in this survey is completely voluntary.
- ❖ Make sure each client does not write his/her name on the survey. All responses will be kept anonymous.
- ❖ After each client completes a survey, the case manager will place it in the large envelope that has been provided to you.
- ❖ You may wish to keep the envelope in a secure place.
- ❖ When all surveys are completed, seal the envelope and mail it to the Alabama Department of Senior Services by September 30, 2009 using the following address.

2009 Needs Assessment  
c/o Alabama Department of Senior Services  
P. O. Box 301851  
Montgomery, AL 36130-1851



ATTACHMENT 6  
NEEDS ASSESSMENT  
FOR SENIOR CITIZEN  
SERVICES

## 2009 Needs Assessment for Senior Citizens' Services

You are being invited to participate in an aging survey to identify services which **YOU** think are important now and in the next five years. This survey asks questions about needs and their relationship to you. You are being asked to read the survey, complete it, and return it to the address provided.

The results of this survey will assist the Department in fulfilling its commitment of service to Alabama's seniors. **NOTE:** Your responses will be kept completely confidential, so please encourage others to participate in this very important process. This survey can also be found at [www.alabamaageline.gov](http://www.alabamaageline.gov). If you have any questions, please call the Alabama Department of Senior Services at 1-877-425-2243.

To begin, please tell us if each of the following services are **Very Important**, **Somewhat Important**, or **Not Important** to you or may concern you in the next five years.

Place an "X" in the box that best describes how important each service is to you.

1. **In regard to services in the home, I think the following services are:**

	<b><u>Very Important</u></b>	<b><u>Somewhat Important</u></b>	<b><u>Not Important</u></b>
Assistance in bathing or showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in getting dressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having meals delivered to my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with laundry, housework, or yard work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in caring for my relatives or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to doctors' offices and shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in paying bills and balancing checkbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with income tax forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with legal paperwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information on government services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information on services in town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a day care center close by in case I or a family member needs more help during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in planning for retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other help I need at home or may need in the future  
(please write your answer on the line below):



2. **In regard to health care, I think the following services are:**

	<b><u>Very Important</u></b>	<b><u>Somewhat Important</u></b>	<b><u>Not Important</u></b>
Information on diseases and health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information on health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information on keeping a healthy mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information on planning a healthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing care or physical therapy at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with filling-out forms and paying medical bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other help I need with health care or may need in the future  
(please write your answer on the line below):

---

3. **In regard to housing, I think the following services are:**

	<b><u>Very Important</u></b>	<b><u>Somewhat Important</u></b>	<b><u>Not Important</u></b>
Assistance in fixing things in home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in finding an apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in finding an assisted living facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in finding a nursing home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other help I need with housing or may need in the future  
(please write your answer on the line below):

---

4. **In regard to employment, I think the following services are:**

	<b><u>Very Important</u></b>	<b><u>Somewhat Important</u></b>	<b><u>Not Important</u></b>
Assistance in finding a full-time job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in finding a part-time job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in getting job training (job skills, resume, interviewing, grooming, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other help I need with employment or may need in the future  
(please write your answer on the line below):

---

Now, here are a few questions to help us know about you.

5. Which county do you live in? \_\_\_\_\_

6. In what year were you born? \_\_\_\_\_

7. What is your gender? ☐ Male ☐ Female

8. What is your marital status? (Check only one.)

☐ Never Married ☐ Separated ☐ Divorced  
☐ Widowed ☐ Married

9. What is your race? (Check only one.)

☐ African American/Black ☐ Caucasian/White ☐ Native American  
☐ Asian ☐ Mixed Race ☐ Native Hawaiian/Pacific  
Islander  
☐ Other \_\_\_\_\_

10. Are you of Spanish, Latino, or Hispanic origin? ☐ Yes ☐ No

11. What is the highest grade or year you finished in school? (Check only one.)

☐ 8<sup>th</sup> grade or less ☐ Some college  
☐ Some high school ☐ Two-year college degree  
☐ High school diploma or GED ☐ Four-year college degree  
☐ Technical school ☐ Post graduate degree (masters/doctorate)

12. What is your household monthly income (i.e., net monthly income after taxes)? (Optional)

☐ Less than \$903 ☐ \$904 - \$1,127 ☐ \$1,128 - \$1,353 ☐ More than \$1,353

**13. Is there anything else you would like to tell us?**

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**Thank you very much. Your input will make a big difference in the lives of older Alabamians.**

PLEASE RETURN THIS SURVEY BY SEPTEMBER 30, 2009 -- TO:

2009 Needs Assessment for Senior Citizens' Services  
c/o Alabama Department of Senior Services  
P. O. Box 301851  
Montgomery, AL 36130-1851



ATTACHMENT 7  
NUMBER  
OF  
RESPONDENTS  
BY COUNTY  
AND AGE GROUP

### Number and Percent of Respondents by County and Age Group

County of Residence	Under 65	65 - 69	70 - 74	75 - 79	80 - 84	85 and older	Total
Autauga	3	2	4	1	3	6	19
Baldwin	11	2	2	6	2	1	24
Barbour	0	2	1	0	1	0	4
Bibb	1	1	4	6	3	3	18
Blount	3	2	5	1	0	1	12
Bullock	4	0	1	0	0	0	5
Butler	4	0	1	0	0	0	5
Calhoun	9	2	5	7	3	2	28
Chambers	0	1	0	3	3	3	10
Cherokee	2	0	4	0	0	1	7
Chilton	5	0	1	3	2	7	18
Choctaw	5	2	4	1	3	8	23
Clarke	6	2	2	5	3	8	26
Clay	0	0	0	2	0	2	4
Cleburne	0	1	0	4	3	1	9
Coffee	4	7	7	5	4	2	29
Colbert	5	7	1	5	6	5	29
Conecuh	1	3	0	3	3	2	12
Coosa	2	2	0	0	0	0	4
Covington	0	1	1	1	2	0	5
Crenshaw	4	2	5	1	1	5	18
Cullman	7	5	7	4	3	10	36
Dale	4	4	2	3	5	3	21
Dallas	8	1	2	0	6	3	20
DeKalb	4	4	2	8	3	12	33
Elmore	12	2	3	4	6	3	30
Escambia	8	6	5	1	3	4	27

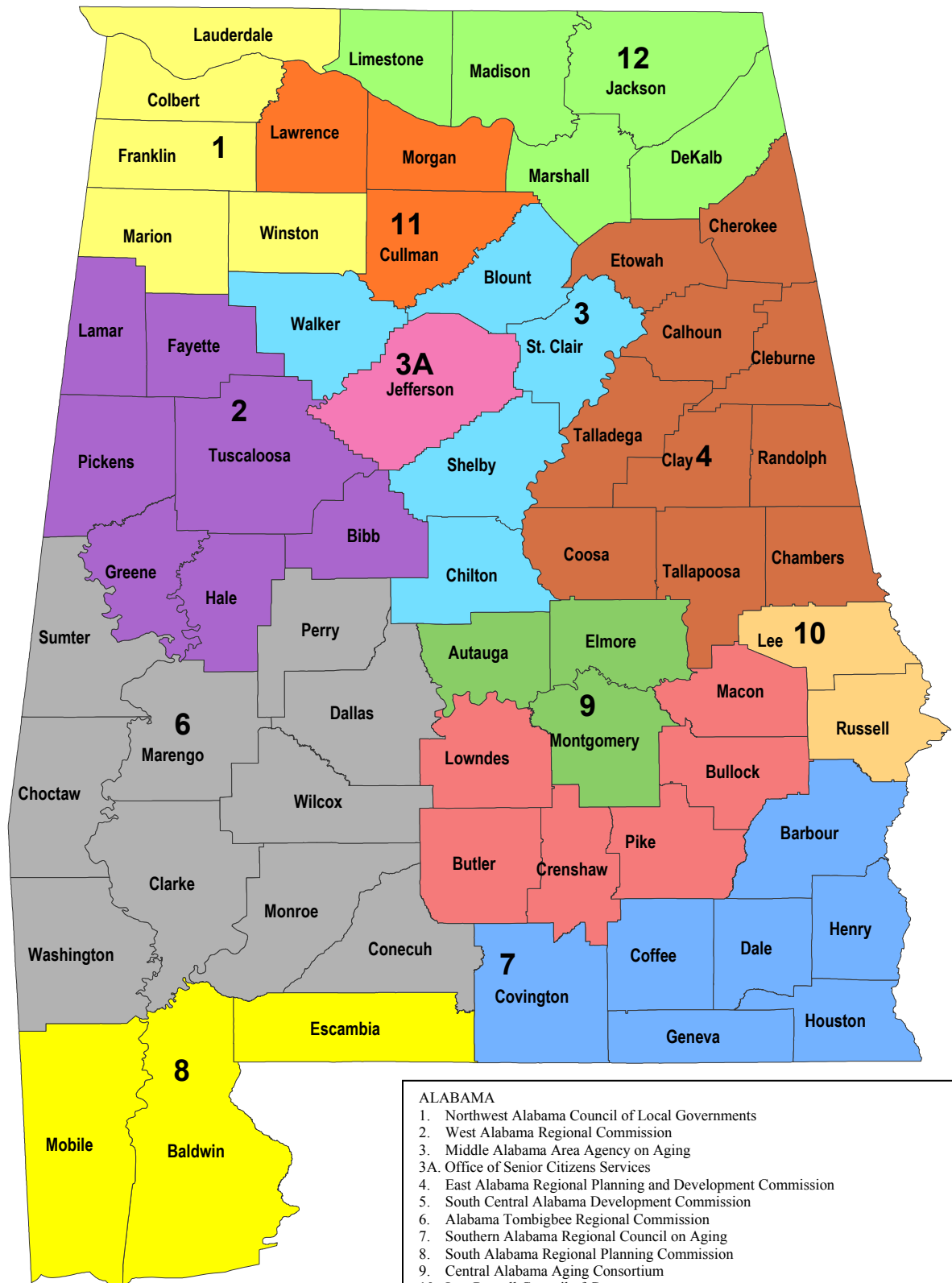
<b>County of Residence</b>	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Etowah	1	2	1	2	6	5	17
Fayette	6	18	19	6	3	4	56
Franklin	6	1	2	3	1	3	16
Geneva	2	4	3	4	1	1	15
Greene	6	4	1	1	1	0	13
Hale	2	0	0	3	7	4	16
Henry	4	0	4	4	1	2	15
Houston	5	1	2	6	8	6	28
Jackson	7	6	4	6	6	5	34
Jefferson	27	16	17	21	18	14	113
Lamar	4	3	6	4	2	3	22
Lauderdale	4	6	9	10	4	3	36
Lawrence	6	10	10	4	4	2	36
Lee	12	4	7	7	5	6	41
Limestone	6	3	5	1	4	0	19
Lowndes	4	0	3	1	6	3	17
Macon	6	8	9	8	6	9	46
Madison	7	5	9	7	4	3	35
Marengo	2	5	5	8	3	1	24
Marion	3	4	5	5	1	5	23
Marshall	8	5	6	6	8	3	36
Mobile	19	13	15	8	6	12	73
Monroe	3	1	1	1	1	2	9
Montgomery	18	8	5	7	5	12	55
Morgan	32	22	24	27	22	15	142
Perry	2	2	3	2	2	0	11
Pickens	8	6	6	11	5	2	38

<b>County of Residence</b>	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Pike	9	2	0	5	1	1	18
Randolph	4	6	1	8	5	11	35
Russell	2	1	1	3	1	3	11
St. Clair	6	2	3	4	5	6	26
Shelby	9	3	2	5	5	3	27
Sumter	3	0	1	3	0	1	8
Talladega	2	3	5	7	4	0	21
Tallapoosa	0	1	0	1	1	2	5
Tuscaloosa	7	7	5	3	3	5	30
Walker	4	1	7	3	1	3	19
Washington	2	1	3	3	3	1	13
Wilcox	6	3	3	5	1	3	21
Winston	2	3	0	1	5	2	13
Total	378	251	281	298	243	258	1709
Missing (System)							122
Total							1831



ATTACHMENT 8  
NUMBER  
OF RESPONDENTS BY  
AAA, COUNTY, AND  
AGE GROUP

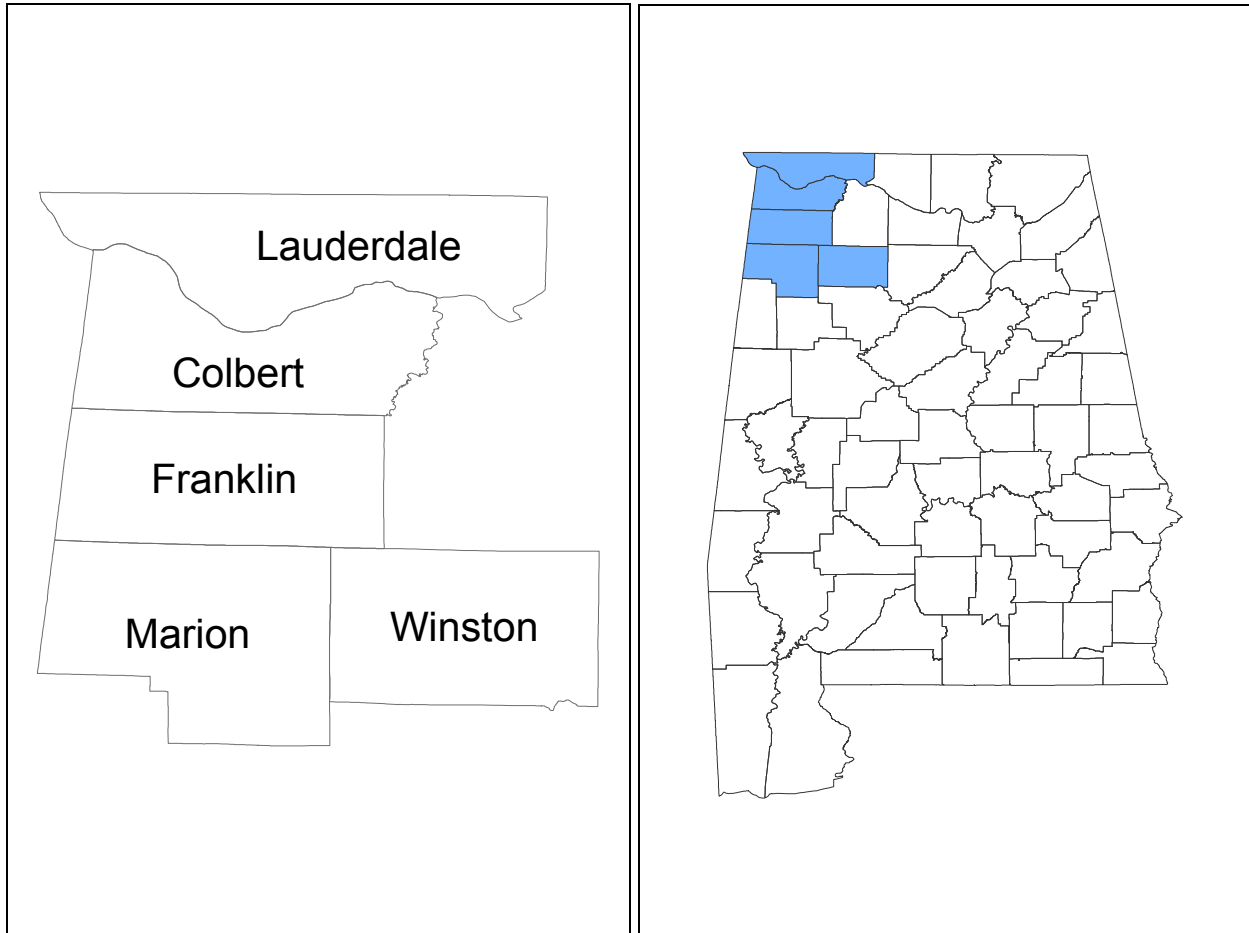
# Map of Alabama's AAAs and Counties



## ALABAMA

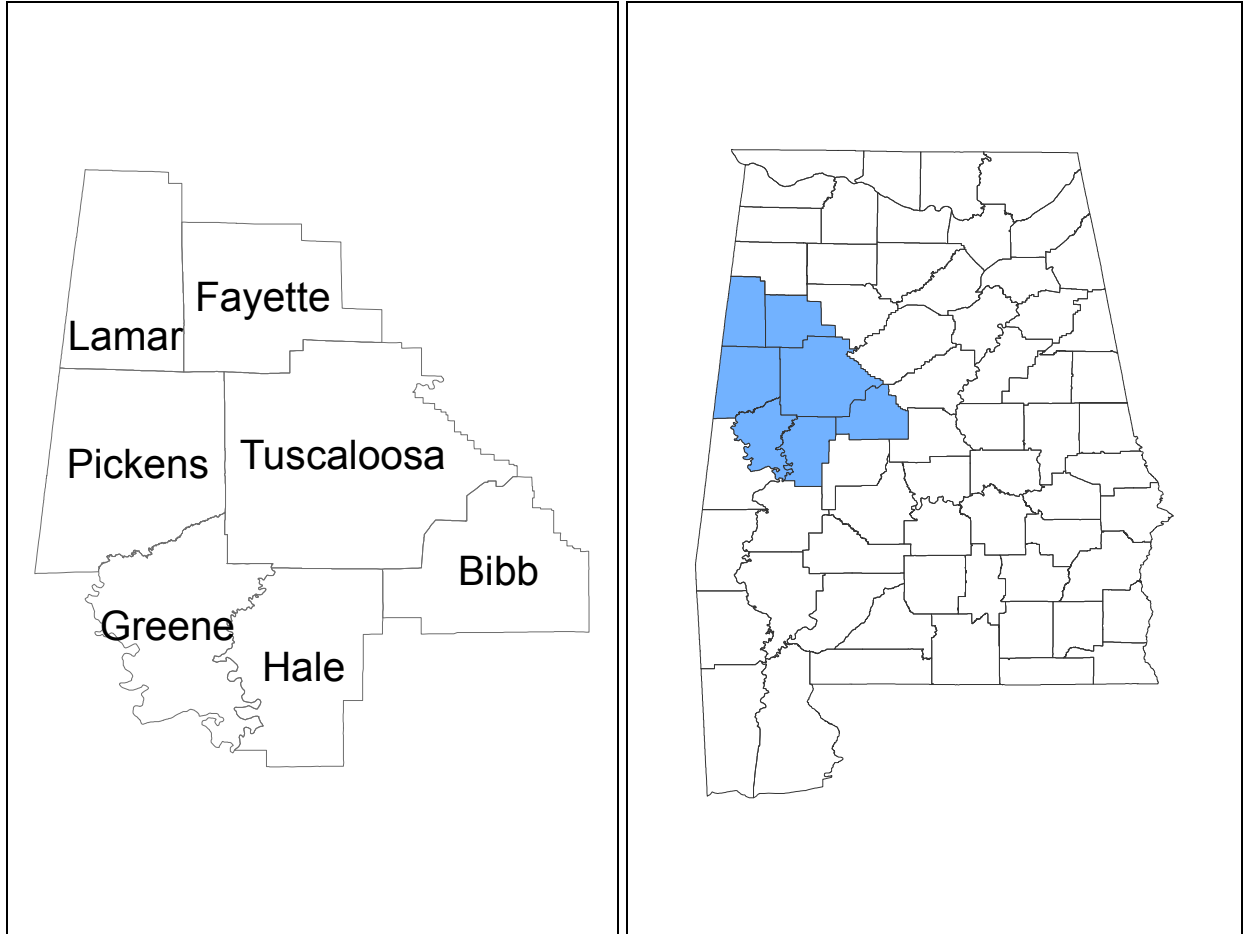
1. Northwest Alabama Council of Local Governments
2. West Alabama Regional Commission
3. Middle Alabama Area Agency on Aging
- 3A. Office of Senior Citizens Services
4. East Alabama Regional Planning and Development Commission
5. South Central Alabama Development Commission
6. Alabama Tombigbee Regional Commission
7. Southern Alabama Regional Council on Aging
8. South Alabama Regional Planning Commission
9. Central Alabama Aging Consortium
10. Lee-Russell Council of Governments
11. North Central Alabama Regional Council of Governments
12. Top of Alabama Regional Council of Governments

Northwest Alabama Council of Local Governments  
(NACOLG)



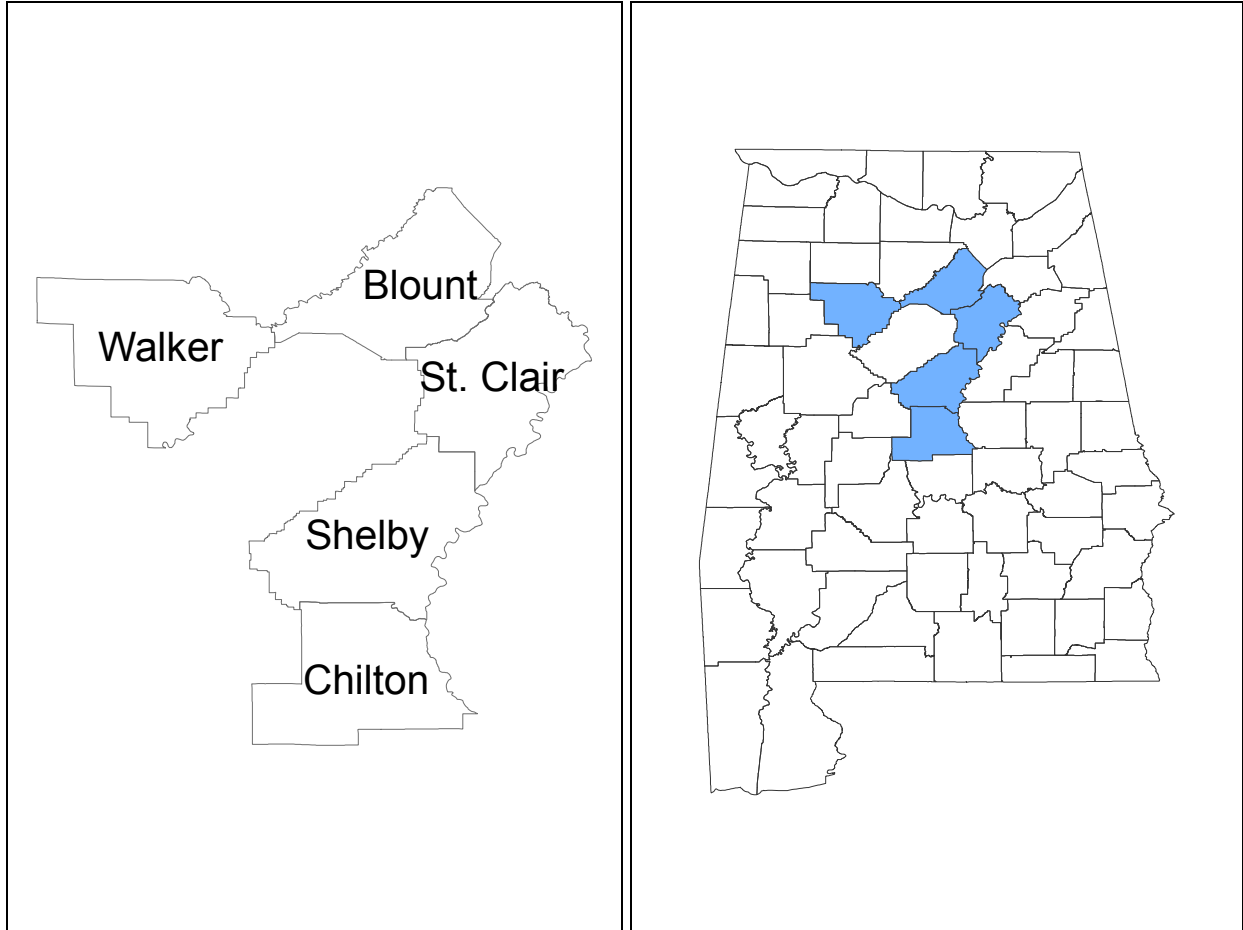
Number of Respondents by County and Age Group (Survey #1)							
<u>County</u>	<u>Under 65</u>	<u>65 - 69</u>	<u>70 - 74</u>	<u>75 - 79</u>	<u>80 - 84</u>	<u>85 and older</u>	<u>Total</u>
Colbert	5	7	1	5	6	5	29
Franklin	6	1	2	3	1	3	16
Lauderdale	4	6	9	10	4	3	36
Marion	3	4	5	5	1	5	23
Winston	2	3	0	1	5	2	13
Subtotal	20	21	17	24	17	18	117
Age Missing							8
Total							125

West Alabama Regional Commission  
(WARC)



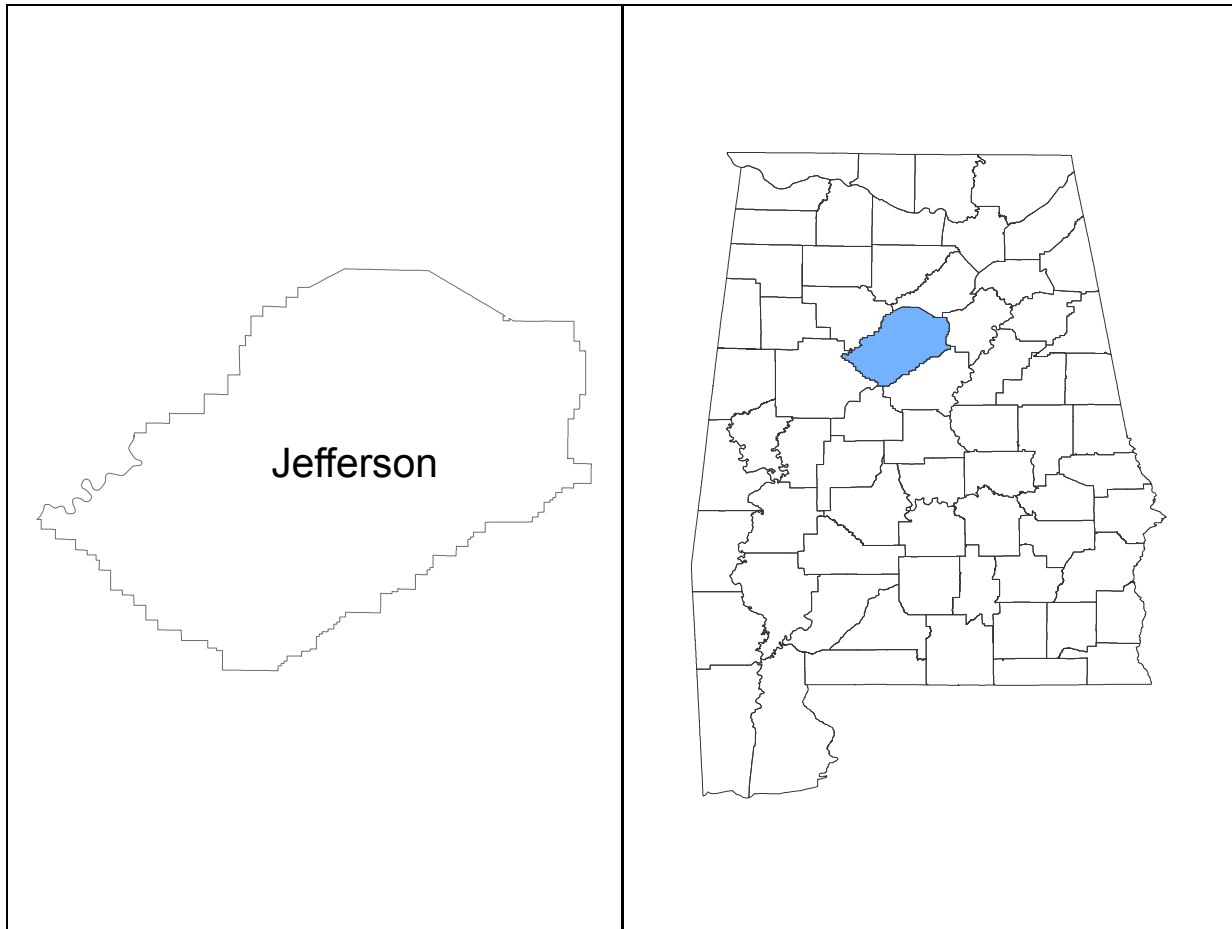
Number of Respondents by County and Age Group (Survey #1)							
<u>County</u>	<u>Under 65</u>	<u>65 - 69</u>	<u>70 - 74</u>	<u>75 - 79</u>	<u>80 - 84</u>	<u>85 and older</u>	<u>Total</u>
Bibb	1	1	4	6	3	3	18
Fayette	6	18	19	6	3	4	56
Greene	6	4	1	1	1	0	13
Hale	2	0	0	3	7	4	16
Lamar	4	3	6	4	2	3	22
Pickens	8	6	6	11	5	2	38
Tuscaloosa	7	7	5	3	3	5	30
Subtotal	34	39	41	34	24	21	193
Age Missing							15
Total							208

Middle Alabama Area Agency on Aging  
(M4A)



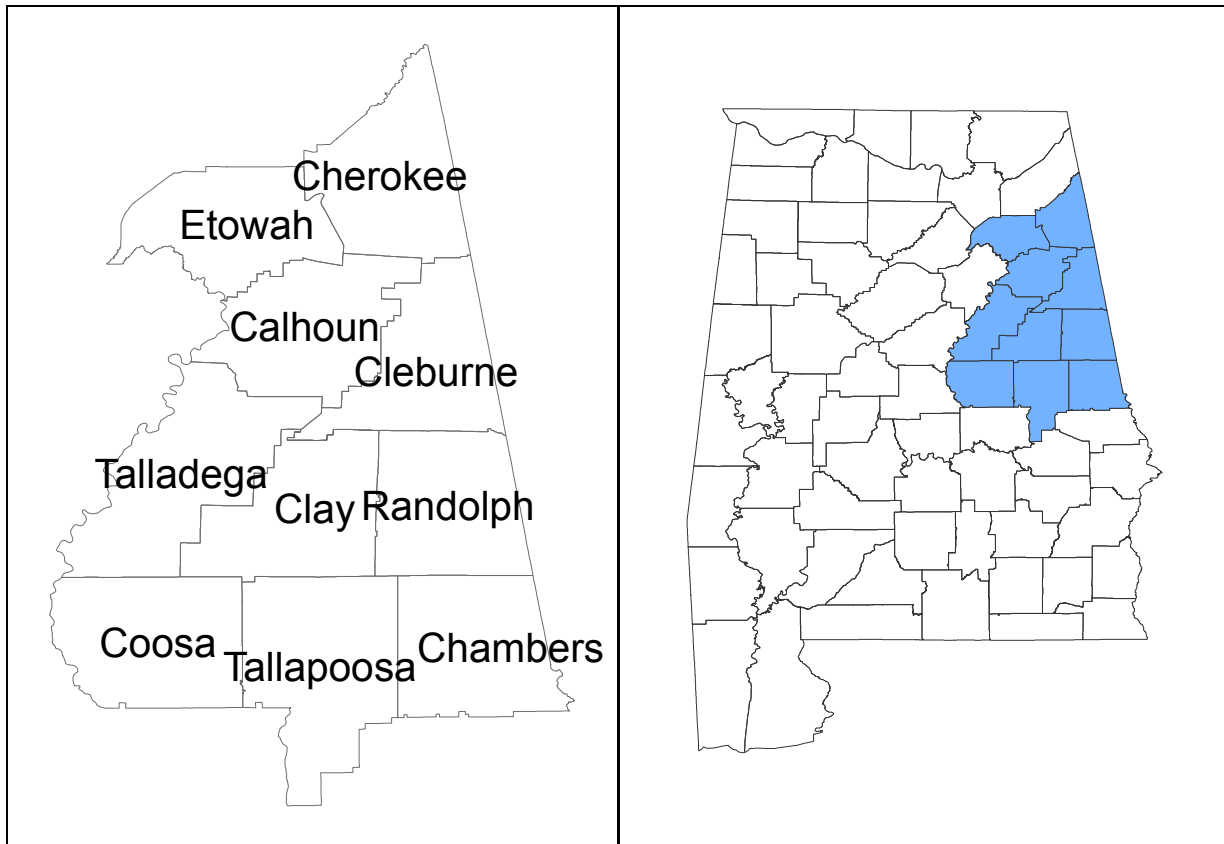
Number of Respondents by County and Age Group (Survey #1)							
<u>County</u>	<u>Under 65</u>	<u>65 - 69</u>	<u>70 - 74</u>	<u>75 - 79</u>	<u>80 - 84</u>	<u>85 and older</u>	<u>Total</u>
Blount	3	2	5	1	0	1	12
Chilton	5	0	1	3	2	7	18
Shelby	9	3	2	5	5	3	27
St. Clair	6	2	3	4	5	6	26
Walker	4	1	7	3	1	3	19
Subtotal	27	8	18	16	13	20	102
Age Missing							7
Total							109

Jefferson County  
Office of Senior Citizens Services  
(OSCS)



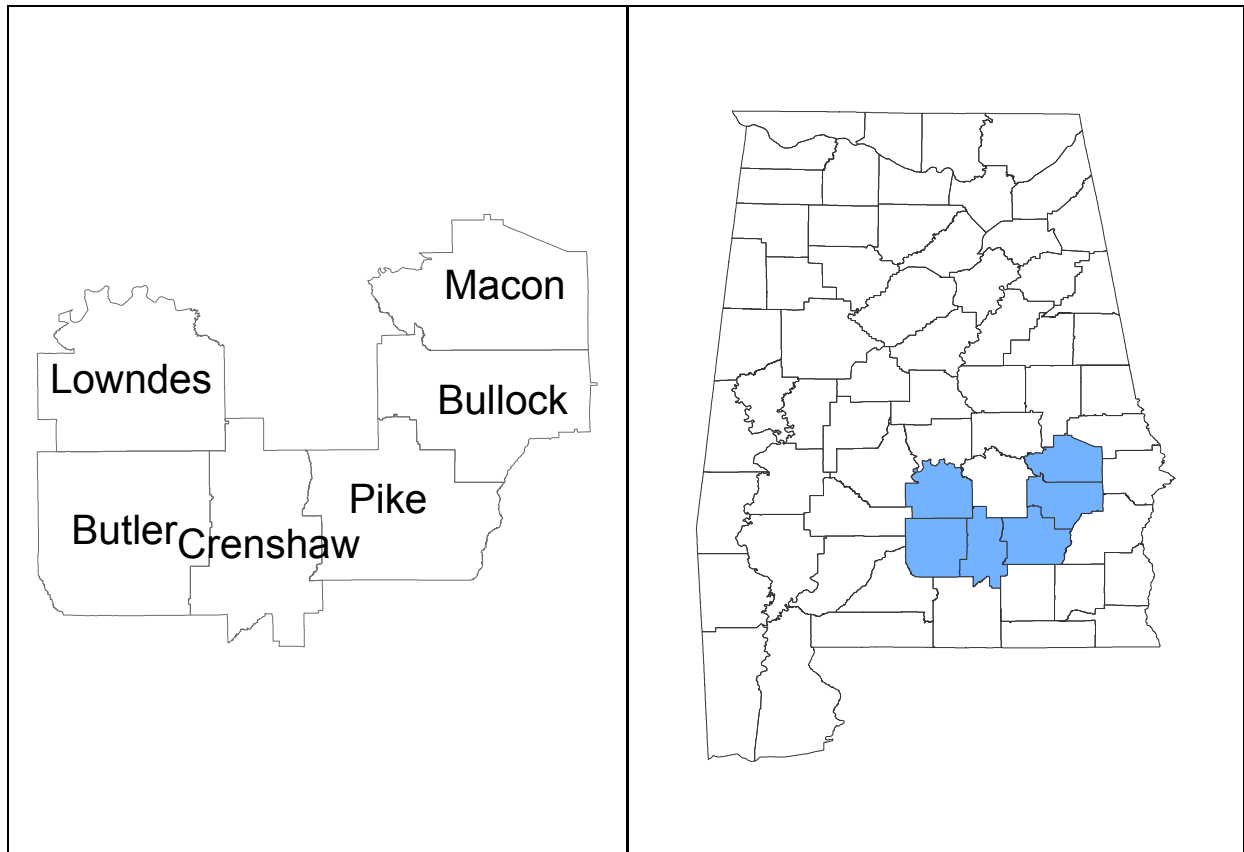
Number of Respondents by County and Age Group (Survey #1)							
<u>County</u>	<u>Under</u> <u>65</u>	<u>65 - 69</u>	<u>70 - 74</u>	<u>75 - 79</u>	<u>80 - 84</u>	<u>85 and</u> <u>older</u>	<u>Total</u>
Jefferson	27	16	17	21	18	14	113
Subtotal	27	16	17	21	18	14	113
Age Missing							5
Total							118

East Alabama Regional Planning  
and Development Commission  
(EARPDC)



Number of Respondents by County and Age Group (Survey #1)							
<u>County</u>	<u>Under 65</u>	<u>65 - 69</u>	<u>70 - 74</u>	<u>75 - 79</u>	<u>80 - 84</u>	<u>85 and older</u>	<u>Total</u>
Calhoun	9	2	5	7	3	2	28
Chambers	0	1	0	3	3	3	10
Cherokee	2	0	4	0	0	1	7
Clay	0	0	0	2	0	2	4
Cleburne	0	1	0	4	3	1	9
Coosa	2	2	0	0	0	0	4
Etowah	1	2	1	2	6	5	17
Randolph	4	6	1	8	5	11	35
Talladega	2	3	5	7	4	0	21
Tallapoosa	0	1	0	1	1	2	5
Subtotal	20	18	16	34	25	27	140
Age Missing							5
Total							145

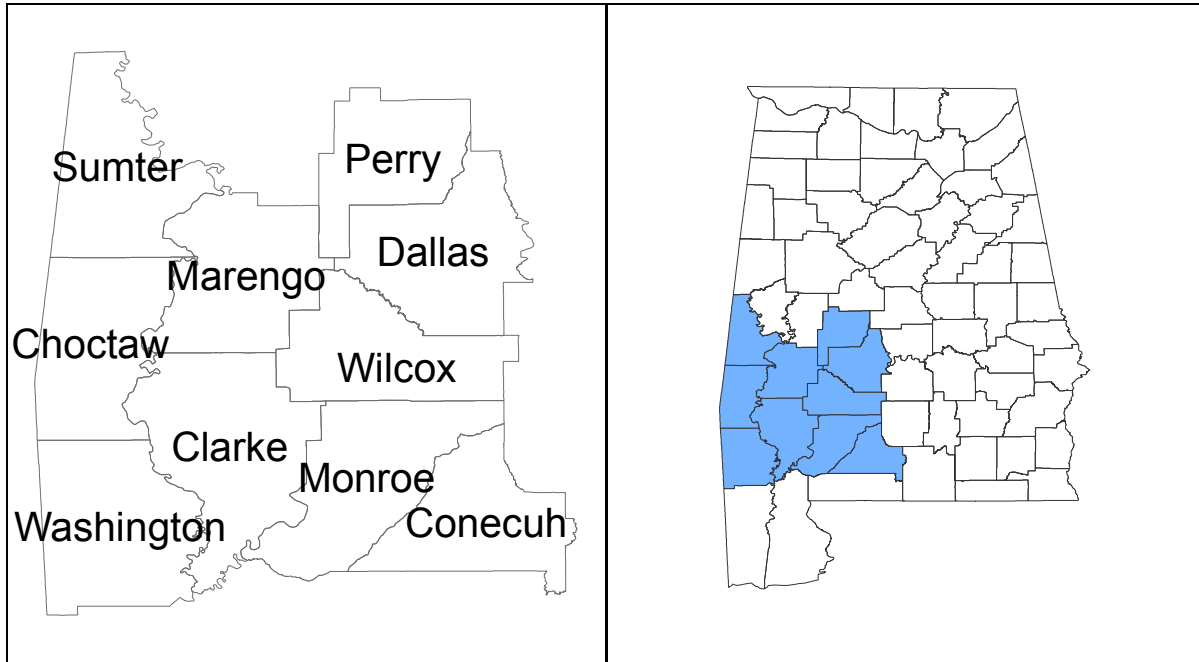
South Central Alabama Development Commission  
(SCADC)



Number of Respondents by County and Age Group (Survey #1)							
<u>County</u>	<u>Under 65</u>	<u>65 - 69</u>	<u>70 - 74</u>	<u>75 - 79</u>	<u>80 - 84</u>	<u>85 and older</u>	<u>Total</u>
Bullock	4	0	1	0	0	0	5
Butler	4	0	1	0	0	0	5
Crenshaw	4	2	5	1	1	5	18
Lowndes	4	0	3	1	6	3	17
Macon	6	8	9	8	6	9	46
Pike	9	2	0	5	1	1	18
Subtotal	31	12	19	15	14	18	109
Age Missing							1
Total							110

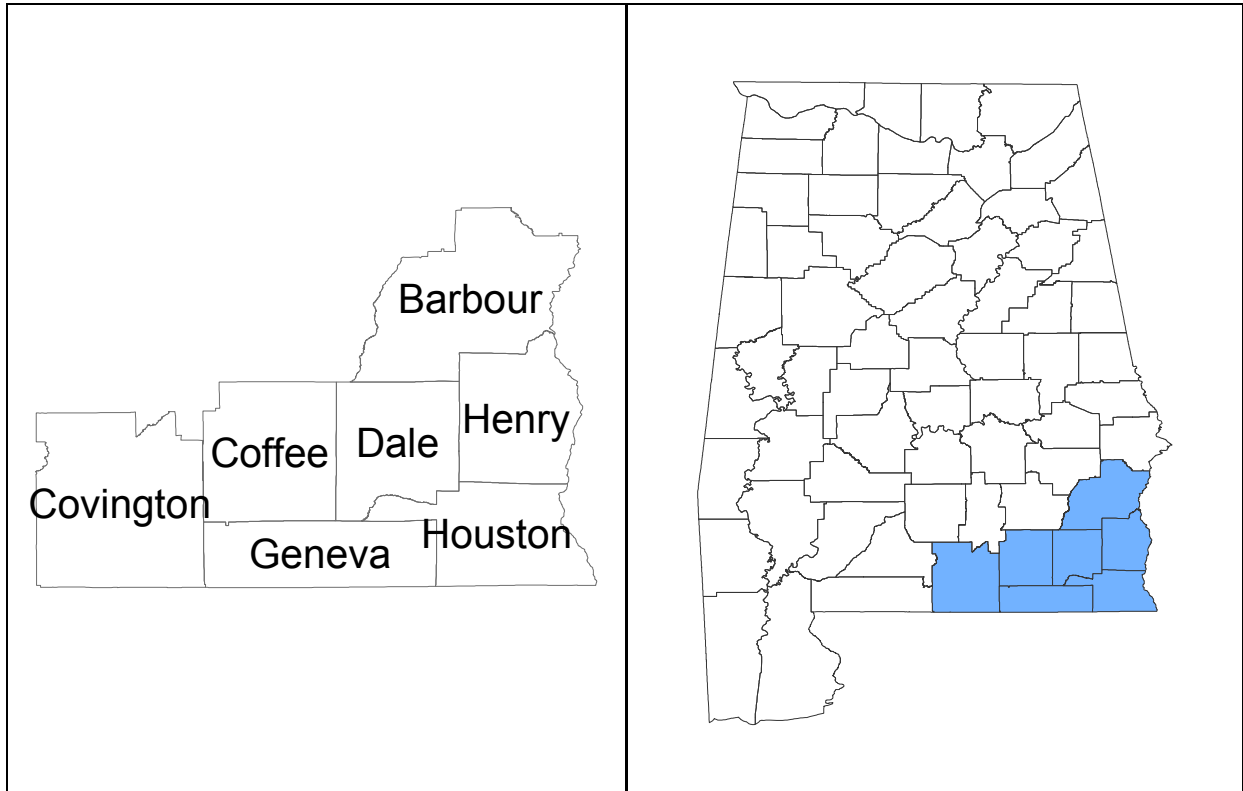


Alabama Tombigbee Regional Commission  
(ATRC)



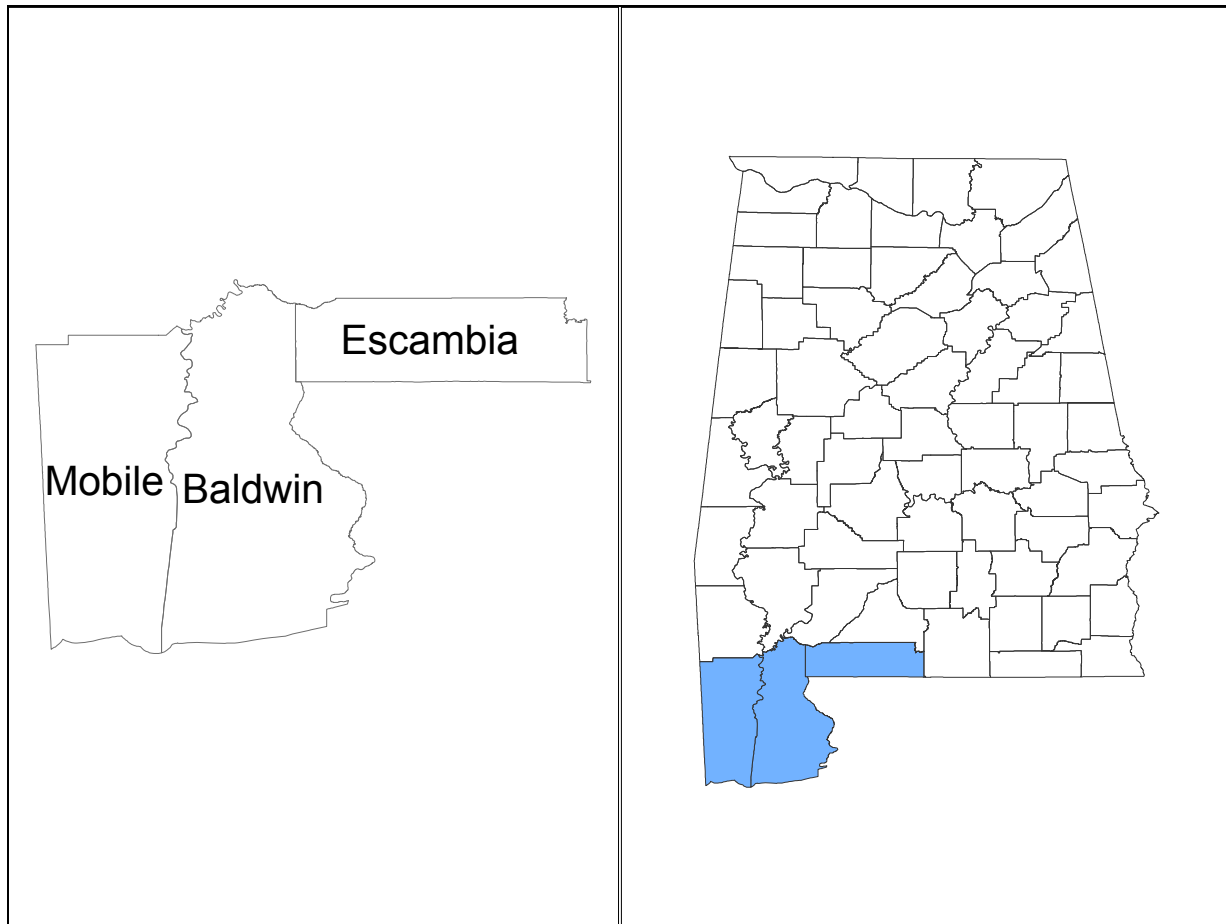
Number of Respondents by County and Age Group (Survey #1)							
<u>County</u>	<u>Under 65</u>	<u>65 - 69</u>	<u>70 - 74</u>	<u>75 - 79</u>	<u>80 - 84</u>	<u>85 and older</u>	<u>Total</u>
Choctaw	5	2	4	1	3	8	23
Clarke	6	2	2	5	3	8	26
Conecuh	1	3	0	3	3	2	12
Dallas	8	1	2	0	6	3	20
Marengo	2	5	5	8	3	1	24
Monroe	3	1	1	1	1	2	9
Perry	2	2	3	2	2	0	11
Sumter	3	0	1	3	0	1	8
Washington	2	1	3	3	3	1	13
Wilcox	6	3	3	5	1	3	21
Subtotal	38	20	24	31	25	29	167
Age Missing							8
Total							175

Southern Alabama Regional Council on Aging  
(SARCOA)



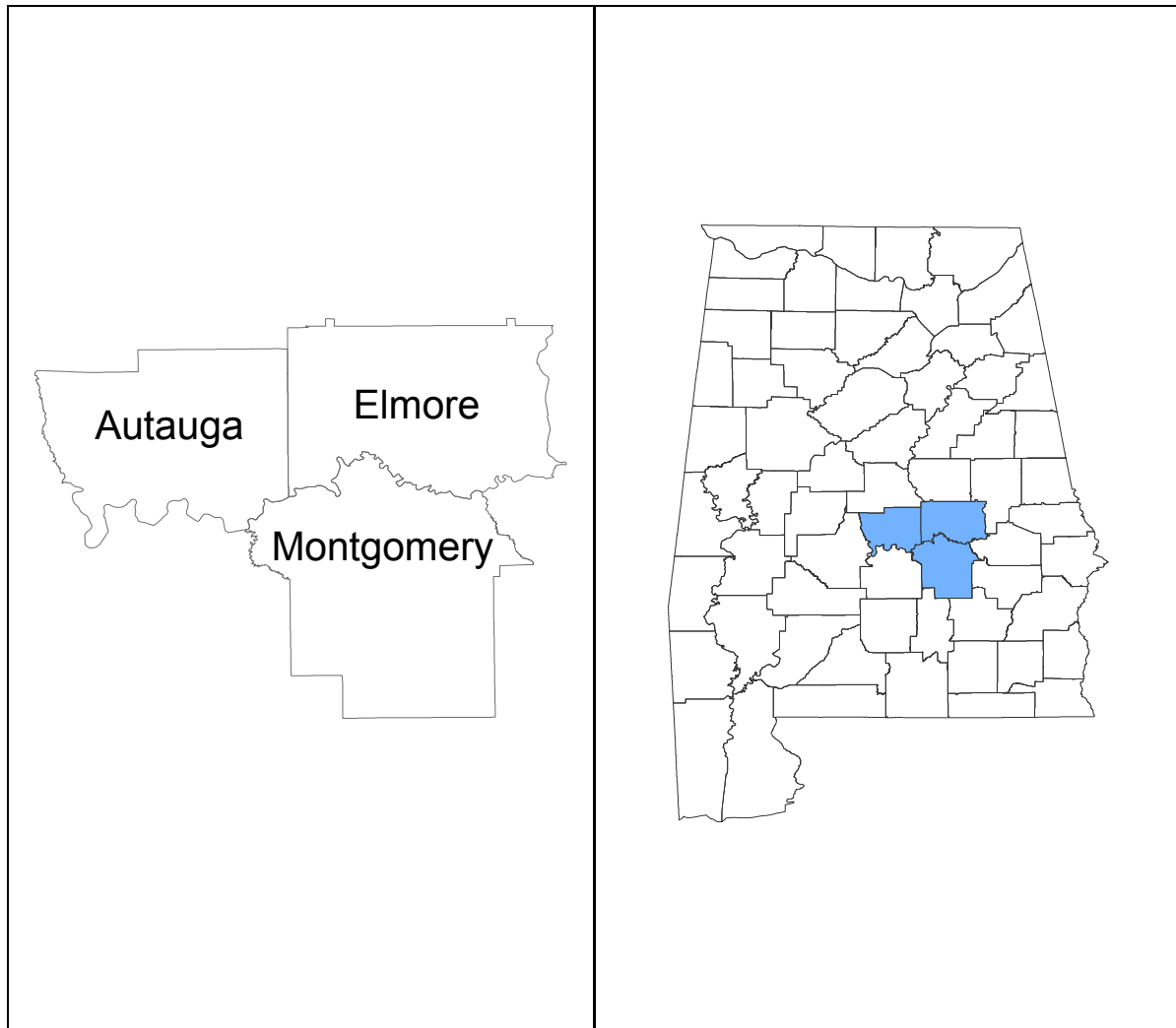
Number of Respondents by County and Age Group (Survey #1)							
<u>County</u>	<u>Under 65</u>	<u>65 - 69</u>	<u>70 - 74</u>	<u>75 - 79</u>	<u>80 - 84</u>	<u>85 and older</u>	<u>Total</u>
Barbour	0	2	1	0	1	0	4
Coffee	4	7	7	5	4	2	29
Covington	0	1	1	1	2	0	5
Dale	4	4	2	3	5	3	21
Geneva	2	4	3	4	1	1	15
Henry	4	0	4	4	1	2	15
Houston	5	1	2	6	8	6	28
Subtotal	19	19	20	23	22	14	117
Age Missing							6
Total							123

South Alabama Regional Planning Commission  
(SARPC)



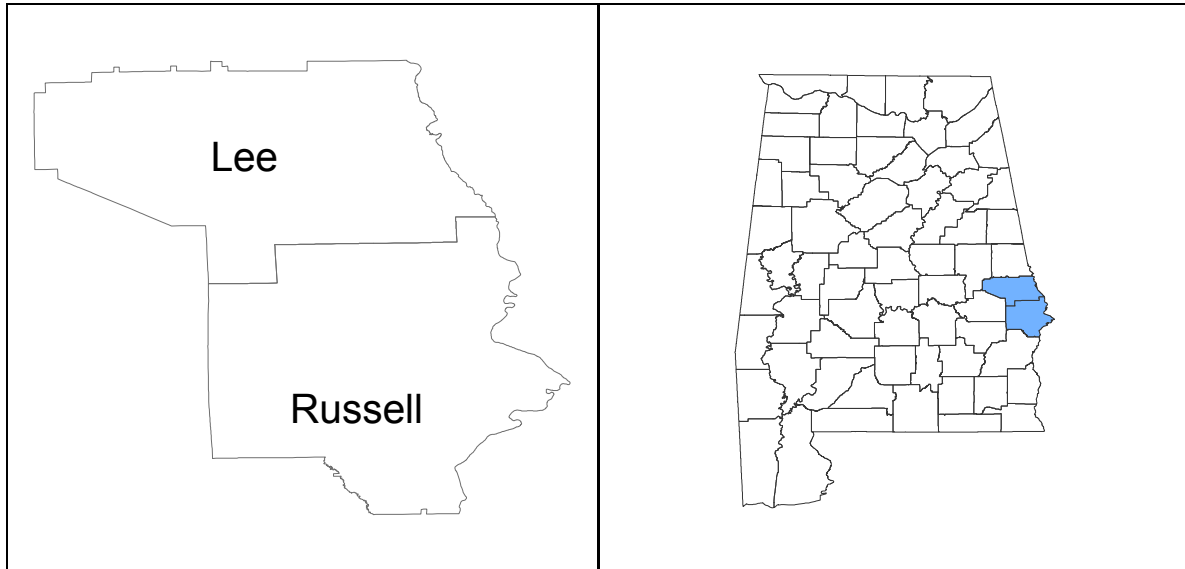
Number of Respondents by County and Age Group (Survey #1)							
<u>County</u>	<u>Under 65</u>	<u>65 - 69</u>	<u>70 - 74</u>	<u>75 - 79</u>	<u>80 - 84</u>	<u>85 and older</u>	<u>Total</u>
Baldwin	11	2	2	6	2	1	24
Escambia	8	6	5	1	3	4	27
Mobile	19	13	15	8	6	12	73
Subtotal	38	21	22	15	11	17	124
Age Missing							9
Total							133

Central Alabama Aging Consortium  
(CAAC)



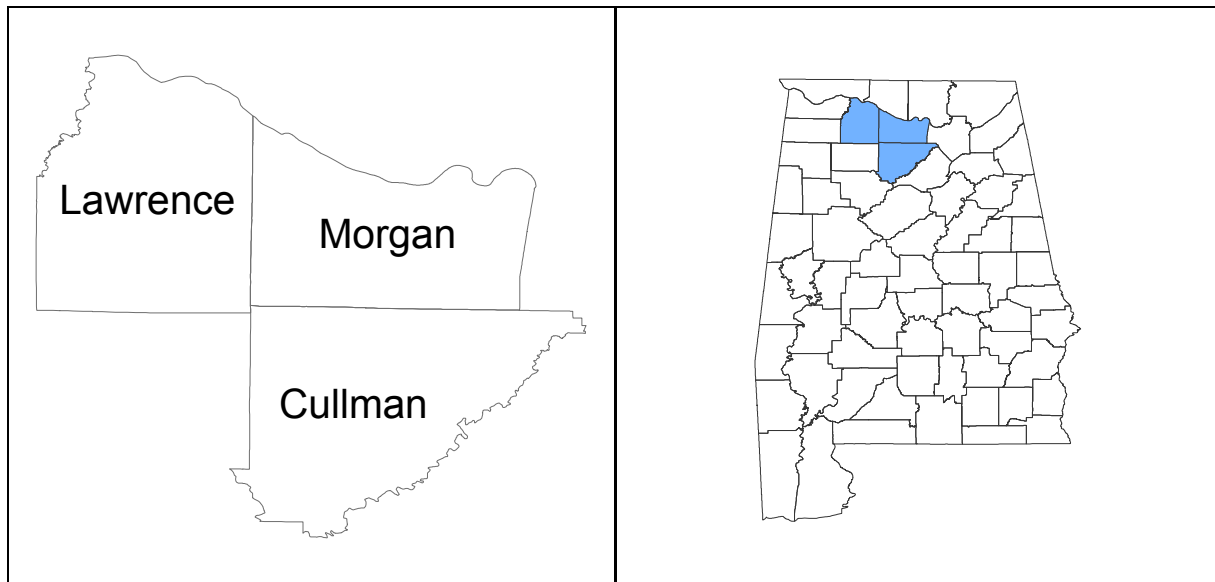
Number of Respondents by County and Age Group (Survey #1)							
<u>County</u>	<u>Under 65</u>	<u>65 - 69</u>	<u>70 - 74</u>	<u>75 - 79</u>	<u>80 - 84</u>	<u>85 and older</u>	<u>Total</u>
Autauga	3	2	4	1	3	6	19
Elmore	12	2	3	4	6	3	30
Montgomery	18	8	5	7	5	12	55
Subtotal	33	12	12	12	14	21	104
Age Missing							8
Total							112

Lee-Russell Council of Governments  
(LRCOG)



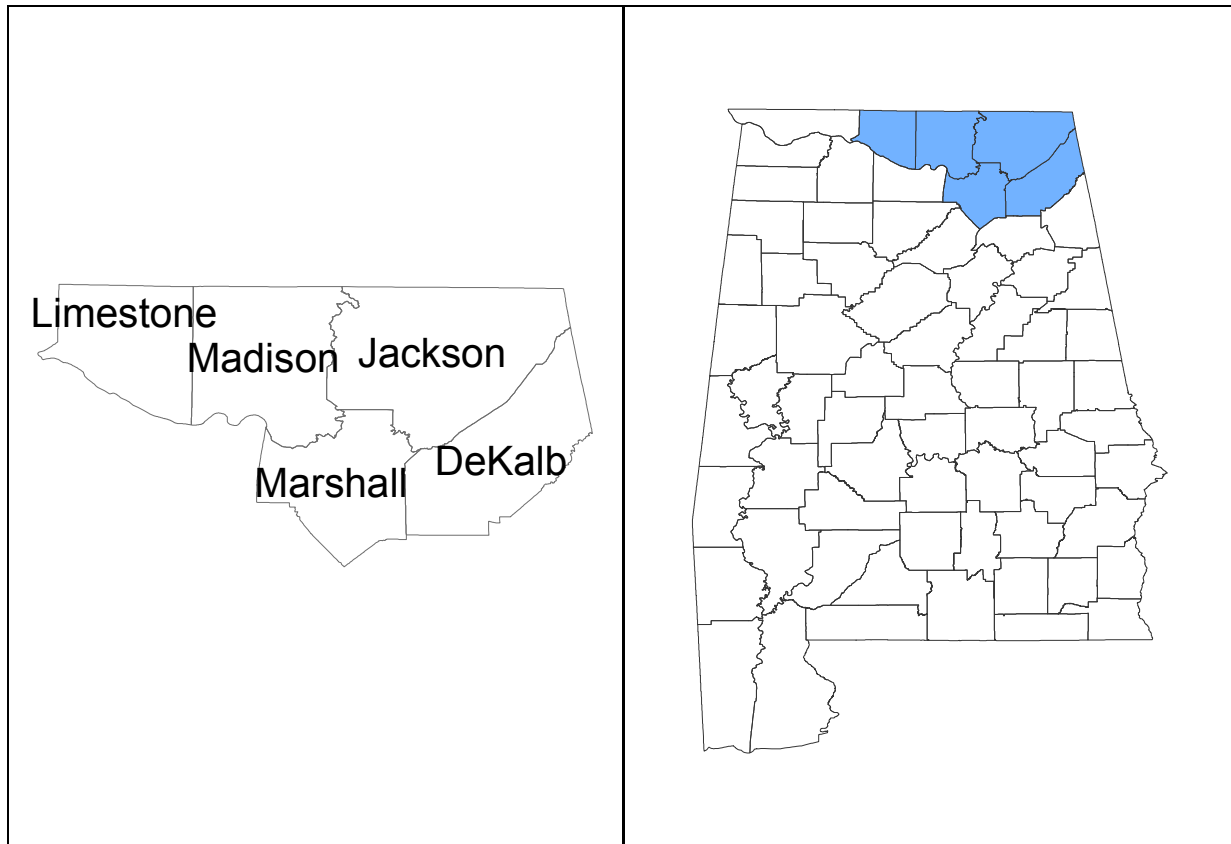
Number of Respondents by County and Age Group (Survey #1)							
<u>County</u>	<u>Under 65</u>	<u>65 - 69</u>	<u>70 - 74</u>	<u>75 - 79</u>	<u>80 - 84</u>	<u>85 and older</u>	<u>Total</u>
Lee	12	4	7	7	5	6	41
Russell	2	1	1	3	1	3	11
Subtotal	14	5	8	10	6	9	52
Age Missing							1
Total							53

North Central Alabama  
Regional Council of Governments  
(NARCOG)



Number of Respondents by County and Age Group (Survey #1)							
<u>County</u>	<u>Under 65</u>	<u>65 - 69</u>	<u>70 - 74</u>	<u>75 - 79</u>	<u>80 - 84</u>	<u>85 and older</u>	<u>Total</u>
Cullman	7	5	7	4	3	10	36
Lawrence	6	10	10	4	4	2	36
Morgan	32	22	24	27	22	15	142
Subtotal	45	37	41	35	29	27	214
Age Missing							10
Total							224

Top of Alabama Regional Council of Governments  
(TARCOG)



Number of Respondents by County and Age Group (Survey #1)							
<u>County</u>	<u>Under 65</u>	<u>65 - 69</u>	<u>70 - 74</u>	<u>75 - 79</u>	<u>80 - 84</u>	<u>85 and older</u>	<u>Total</u>
DeKalb	4	4	2	8	3	12	33
Jackson	7	6	4	6	6	5	34
Limestone	6	3	5	1	4	0	19
Madison	7	5	9	7	4	3	35
Marshall	8	5	6	6	8	3	36
Subtotal	32	23	26	28	25	23	157
Age Missing							9
Total							166





ATTACHMENT 9  
NUMBER OF RATINGS  
FOR SCALED ITEMS

### Assistance in bathing or showering

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	270	167	165	201	158	182	1143
Somewhat Important	64	36	61	66	44	52	323
Not Important	49	51	58	35	50	36	279
Subtotal	383	254	284	302	252	270	1745
Unknown							86
Total							1831

### Assistance in getting dressed

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	231	143	151	180	141	157	1003
Somewhat Important	92	50	69	80	61	73	425
Not Important	60	61	64	42	48	38	313
Subtotal	383	254	284	302	250	268	1741
Unknown							90
Total							1831

### Assistance in preparing meals

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	257	163	177	192	165	181	1135
Somewhat Important	80	54	61	85	54	68	402
Not Important	48	38	46	26	32	21	211
Subtotal	385	255	284	303	251	270	1748
Unknown							83
Total							1831

### Having meals delivered to my home

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	243	168	190	208	185	203	1197
Somewhat Important	81	44	42	50	34	43	294
Not Important	58	40	50	41	30	26	245
Subtotal	382	252	282	299	249	272	1736
Unknown							95
Total							1831

### Assistance with laundry, housework, or yard work

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	281	181	183	194	172	190	1201
Somewhat Important	75	48	67	77	48	62	377
Not Important	29	25	34	33	28	20	169
Subtotal	385	254	284	304	248	272	1747
Unknown							84
Total							1831

### Assistance in caring for my relatives or friends

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	243	136	137	154	104	108	882
Somewhat Important	67	59	71	77	74	65	413
Not Important	70	61	73	69	61	81	415
Subtotal	380	256	281	300	239	254	1710
Unknown							121
Total							1831

**Transportation to doctors' offices and shopping**

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	253	172	184	210	170	196	1185
Somewhat Important	92	46	59	57	44	46	344
Not Important	37	37	39	35	33	29	210
Subtotal	382	255	282	302	247	271	1739
Unknown							92
Total							1831

**Assistance in paying bills and balancing checkbook**

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	171	113	126	143	125	126	804
Somewhat Important	107	76	72	88	63	64	470
Not Important	104	67	80	66	60	76	453
Subtotal	382	256	278	297	248	266	1727
Unknown							104
Total							1831

**Assistance with income tax forms**

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	144	105	123	119	102	73	666
Somewhat Important	110	55	49	70	50	59	393
Not Important	128	89	101	110	95	128	651
Subtotal	382	249	273	299	247	260	1710
Unknown							121
Total							1831

### Assistance with legal paperwork

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	204	148	140	149	130	125	868
Somewhat Important	99	57	71	81	52	58	418
Not Important	80	49	66	69	65	83	412
Subtotal	383	254	277	299	247	266	1726
Unknown							105
Total							1831

### Information on government services

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	258	182	182	177	155	142	1096
Somewhat Important	90	47	63	86	51	74	411
Not Important	34	22	34	37	36	47	210
Subtotal	382	251	279	300	242	263	1717
Unknown							114
Total							1831

### Information on services in town

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	273	175	172	175	147	147	1089
Somewhat Important	73	48	69	88	55	71	404
Not Important	33	24	35	34	43	43	212
Subtotal	379	247	276	297	245	261	1705
Unknown							126
Total							1831

**Having a day care center close by**

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	208	141	148	155	125	135	912
Somewhat Important	105	53	65	78	69	62	432
Not Important	70	61	70	65	53	70	389
Subtotal	383	255	283	298	247	267	1733
Unknown							98
Total							1831

**Assistance in planning for retirement**

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	149	94	101	105	75	57	581
Somewhat Important	103	55	56	55	59	51	379
Not Important	123	99	124	124	110	146	726
Subtotal	375	248	281	284	244	254	1686
Unknown							145
Total							1831

**Information on diseases and health problems**

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	286	185	201	209	164	173	1218
Somewhat Important	77	53	54	68	48	69	369
Not Important	19	12	20	21	28	28	128
Subtotal	382	250	275	298	240	270	1715
Unknown							116
Total							1831

### Information on health insurance

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	280	174	186	194	155	166	1155
Somewhat Important	76	52	54	68	43	62	355
Not Important	26	26	34	34	43	41	204
Subtotal	382	252	274	296	241	269	1714
Unknown							117
Total							1831

### Information on keeping a healthy mind

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	285	186	200	203	159	170	1203
Somewhat Important	74	53	52	65	55	64	363
Not Important	24	15	25	24	26	33	147
Subtotal	383	254	277	292	240	267	1713
Unknown							118
Total							1831

### Information on planning a healthy diet

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	252	174	172	183	140	134	1055
Somewhat Important	94	61	70	77	63	88	453
Not Important	30	18	30	32	38	42	190
Subtotal	376	253	272	292	241	264	1698
Unknown							133
Total							1831

### Nursing care or physical therapy at home

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	273	181	194	210	173	197	1228
Somewhat Important	71	45	46	58	40	42	302
Not Important	38	28	36	28	27	31	188
Subtotal	382	254	276	296	240	270	1718
Unknown							113
Total							1831

### Assistance with filling-out forms and paying medical bills

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	208	151	154	164	128	142	947
Somewhat Important	111	57	72	87	58	72	457
Not Important	61	46	46	40	49	51	293
Subtotal	380	254	272	291	235	265	1697
Unknown							134
Total							1831

### Assistance in fixing things in home

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	252	178	187	194	152	169	1132
Somewhat Important	91	51	54	71	56	55	378
Not Important	38	24	31	32	31	46	202
Subtotal	381	253	272	297	239	270	1712
Unknown							119
Total							1831



### Assistance in finding an apartment

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	132	88	88	94	65	60	527
Somewhat Important	97	61	56	61	51	48	374
Not Important	148	102	127	133	119	150	779
Subtotal	377	251	271	288	235	258	1680
Unknown							151
Total							1831

### Assistance in finding an assisted living facility

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	148	99	98	116	86	88	635
Somewhat Important	109	72	78	76	60	56	451
Not Important	121	79	94	100	90	116	600
Subtotal	378	250	270	292	236	260	1686
Unknown							145
Total							1831

### Assistance in finding a nursing home

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	147	102	109	125	94	96	673
Somewhat Important	99	53	65	70	50	65	402
Not Important	124	90	94	95	91	100	594
Subtotal	370	245	268	290	235	261	1669
Unknown							162
Total							1831

### Assistance in finding a full-time job

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	92	56	52	61	29	29	319
Somewhat Important	87	53	29	33	27	27	256
Not Important	199	138	189	187	176	197	1086
Subtotal	378	247	270	281	232	253	1661
Unknown							170
Total							1831

### Assistance in finding a part-time job

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	108	64	53	68	32	33	358
Somewhat Important	96	64	38	46	34	24	302
Not Important	175	121	179	170	165	195	1005
Subtotal	379	249	270	284	231	252	1665
Unknown							166
Total							1831

### Assistance in getting job training

	<b>Under 65</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 - 79</b>	<b>80 - 84</b>	<b>85 and older</b>	<b>Total</b>
Very Important	114	64	67	66	30	33	374
Somewhat Important	81	49	22	38	34	24	248
Not Important	183	134	181	178	162	196	1034
Subtotal	378	247	270	282	226	253	1656
Unknown							175
Total							1831

ATTACHMENT 10  
NUMBER AND  
PERCENT OF  
TEXT RESPONSES

**Text Responses from Four Topical Areas  
(In-home, Health Care, Housing, and Employment Services)**

<b>Type of Assistance Requested</b>	<b>Frequency</b>	<b>Percent</b>
Financial assistance (to stay at home; help with long-term care, bills, classes, prescriptions, and dental care; provide good banking services)	62	11.7
Homemaker services, laundry services, and yard work	58	10.9
Transportation and escort services (help getting into vehicle, run errands, search for alternative housing, home delivery of medications, shopping assistance)	56	10.5
Information and assistance (available resources, exercises, disease prevention, insurance benefits, prescription medications and their long-term usage, and psychosexual needs of seniors)	45	8.5
Home modifications and repairs	42	7.9
Friendly visiting, telephone reassurance, in-home companionship, live-in assistance	33	6.2
Help with activities of daily living, lifting, and transferring	29	5.5
More caregiver services (support groups, food, pay, insurance)	29	5.5
Information and availability of safe, affordable, quality housing, including low-income housing, for seniors and persons with disabilities, more long-term care options (apartments, assisted living, and nursing homes)	25	4.7
Arrange for children to assist seniors	20	3.8
Nursing care, physical therapy, dental services, home visits by physicians	18	3.4
Purchase and repair of durable medical equipment and other medical supplies	15	2.8
Medication management	13	2.4
Advocacy for and increased availability of home health care services, especially at night	12	2.3
More affordable insurance (health, accident, dental, long-term care, burial, prescription medications, supplemental policies), including short-term Medicare/Medicaid coverage of unemployed persons who are near retirement; affordable, high-quality, preventive health care	9	1.7
Provide more education and training opportunities for seniors (to learn new skills or hobbies); consider multiage classrooms in high schools to provide a productive learning environment for all	9	1.7
Provide home meal delivery and/or diabetic meals	8	1.5
More adult day care centers	8	1.5
More programs, jobs, and restrooms for persons with disabilities	8	1.5

<b>Type of Assistance Requested</b>	<b>Frequency</b>	<b>Percent</b>
More service hours, more flexibility with substitute workers	8	1.5
Assistance in disposing of assets, selling home, and moving	7	1.3
Emergency response systems	4	0.8
Educate the general public regarding Social Security benefits, Veterans Affairs policies, long-term financial planning, and pre-planned funerals	3	0.6
Empower seniors to be aware of scam artists and to live securely (free from danger or fear)	3	0.6
Provide family counseling (general assistance; advice on when to quit driving or cooking, when to bring in help, when it is appropriate to seek alternative housing arrangements, and transitioning from home care to long-term care)	3	0.6
Educate the general public to care more about and communicate with seniors	2	0.4
More public relations regarding baby boomers' and seniors' marketable skills	2	0.4
Total	531	

### **General Text Responses**

<b>Respondents' General Comments</b>	<b>Frequency</b>	<b>Percent</b>
Appreciate all senior programs	60	26.7
Appreciate senior center and meals	53	23.6
Appreciate Alabama Cares services, especially respite care	21	9.3
Improve meal quality and/or choices	8	3.6
Medicaid Waiver services are very helpful	8	3.6
Need more senior services options in the community, especially transportation	7	3.1
Need more senior services funding and information from Washington, D.C.	54	24.0
Need more public relations and outreach	9	4.0
Screen workers and increase their pay	5	2.2
Total	225	



ATTACHMENT 11  
NEEDS ASSESSMENT  
OF ALABAMA  
PROFESSIONALS  
IN THE FIELDS OF  
AGING AND  
DISABILITY

## 2009 Needs Assessment of Alabama Professionals in the Fields of Aging and Disability

**Introduction.** This survey is organized into two major sections: (1) unmet needs, and (2) barriers to services. Please consider the communities and services of which you are aware and what you believe to be the highest priority needs. There is no “right” answer; simply respond in a way that *best* reflects your opinion and experience.

First, please let us know your position or relationship to programs on aging and disability. This information will be used to describe the entire group of respondents as a whole and the distribution of responses across our state.

1. **Which item below best describes your role related to this survey?** (Check only one. If you want to explain further, please use the “Other” category.)

- |   |  |
|---|--|
| <input type="checkbox"/> Area Agency on Aging director          | <input type="checkbox"/> Service agency director     |
| <input type="checkbox"/> Area Agency on Aging staff member      | <input type="checkbox"/> Service agency staff member |
| <input type="checkbox"/> Advocate                               | <input type="checkbox"/> State leader                |
| <input type="checkbox"/> Community leader                       | <input type="checkbox"/> State-level director        |
| <input type="checkbox"/> Organizational board member            | <input type="checkbox"/> State-level staff member    |
|   | <input type="checkbox"/> Volunteer                   |
| <input type="checkbox"/> Other ( <i>please specify</i> ): _____ |  |

### Section I. Unmet Needs

2. In your opinion, rank each of the UNMET needs as a Primary, Secondary, or Tertiary UNMET need of Alabama residents age 55 and over? (Check one in each column.)

	Greatest unmet need	2 <sup>nd</sup> greatest unmet need	3 <sup>rd</sup> greatest unmet need
Access to wellness, disease prevention, and ongoing health care services			
Quality, affordable health care			
Personal care for those with limitations in their activities of daily living			
Adequate food and good nutrition			
Affordable housing			
Transportation for people who no longer drive or are unable to use public transportation			
Adequate social interaction			
Information and/or assistance in obtaining benefits and services			
Maintenance of the interior and exterior of one’s home/residence			



## Section II. Barriers to Services

3. What are the two greatest challenges or barriers that your organization faces in serving older adults in Alabama? (Check one in each column.)

	Primary Challenge or Barrier	Secondary Challenge or Barrier
Recruiting and retaining quality staff/workers		
Meeting the ethnic, cultural, and language needs of a diverse population		
The public's lack of familiarity with the availability of your services		
Prospective clients' unwillingness to accept assistance		
Older adults' lack of sufficient income needed to obtain your services		
Seniors' lack of transportation in order to access your services		
Insufficient funding for your program/services		
Regulatory/bureaucratic barriers that inhibit your ability to provide services		

There may be recurring barriers to both providing and accessing services. Some of these are listed below and categorized by personal or service-related barriers. In your experience, what do you see as barriers that prevent people from accessing services in your area? If you have not witnessed any relevant incidents or do not know of any evidence of a given barrier in your area, please select "no evidence." If you feel that a given barrier is particularly critical in your area, please select "significant."

<b>A. Personal Barriers</b>	No Evidence	Slight	Some	Significant	Not sure
4. Abuse/neglect					
5. Afraid to seek services					
6. Caregiver unable to get off work					
7. Co-pay or fee unaffordable					
8. Depression					
9. Lack of child care services for caregiver					
10. Lack of family support					
11. Lack of motivation or desire					
12. Lack of permanent home address					
13. Lack of transportation					
14. Language/cultural differences					
15. Loneliness					
16. Loss of financial security					
17. Loss of freedom of choice					
18. Poor health or mobility					
19. Sexual orientation					
20. Stigma, discrimination, and prejudice					
21. Substance abuse problems					
22. If you have any further comments or concerns pertaining to <b>personal barriers</b> , please describe them here.					

<b>B. Service-related Barriers</b>	No Evidence	Slight	Some	Significant	Not sure
23. Consumer's lack of insurance					
24. Eligibility determination process is cumbersome and lengthy					
25. Estate recovery rule					
26. High turnover of agency staff					
27. Individual does not meet behavioral criteria for program (criteria set too high or too low)					
28. Lack of adequate or suitable facilities					
29. Lack of appropriately trained staff, including cross-training (e.g., in substance abuse or addiction issues)					
30. Lack of specialized professionals (geriatricians, geriatric nurses, gerontologists, social workers, physicians, dietitians, etc.)					
31. Lack of volunteers					
32. Limited hours of operation					
33. Long waiting lists					
34. Refusal by providers to accept clients with Medicaid/Medicare because the reimbursement rate is too low					
35. Refusal by providers to accept privately paid insurance					
36. Restrictive medication policies (e.g., formularies, monthly limits)					
37. If you have any further comments or concerns pertaining to <b>service-related barriers</b> , please describe them here.					

38. If you have additional feedback to share regarding **overall services for older persons, adults with disabilities, and family caregivers in Alabama**, please comment here.

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### Section III. Demographics of Survey Respondents

Lastly, please let us know a little more about you. While this information is strictly voluntary, we hope you will answer the following items on age, gender, and race/ethnicity. Your responses will only be reported in summary and will enable us to create a demographic profile of all respondents.

39. **In what year were you born?** \_\_\_\_\_

40. **In which county do you live?**  
\_\_\_\_\_

41. **What is your gender?**

- ☐ Male  
☐ Female

42. **What is your race and ethnicity?**

- ☐ African American (Black, not Hispanic)  
☐ Asian  
☐ Caucasian (White, Not Hispanic)  
☐ Hispanic/Latino  
☐ Mixed Race  
☐ Native American (American Indian/Alaska Native)  
☐ Native Hawaiian/Pacific Islander  
☐ Other (please specify): \_\_\_\_\_

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**Thank you very much. Your input will make a real difference in the lives of older Alabamians. Together we can work toward opportunities for all of us to age well.**

Please submit your completed survey BY SEPTEMBER 18, 2009. Surveys may be submitted electronically, by e-mail to [ageline@adss.alabama.gov](mailto:ageline@adss.alabama.gov), or by mail to:

2009 Needs Assessment of Alabama Professionals  
c/o Alabama Department of Senior Services  
P. O. Box 301851  
Montgomery, AL 36130-1851



ATTACHMENT 12  
NUMBER OF  
RESPONDENTS  
BY COUNTY  
AND AGE GROUP

### Number of Respondents by County and Age Group

County of Residence	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Autauga	1	0	2	1	1	5
Baldwin	1	1	3	5	2	12
Barbour	0	1	1	0	0	2
Bibb	0	0	0	0	0	0
Blount	0	0	0	1	0	1
Bullock	0	0	0	0	3	3
Butler	0	0	1	2	2	5
Calhoun	0	2	3	0	0	5
Chambers	0	0	1	0	1	2
Cherokee	0	0	0	1	1	2
Chilton	1	1	1	0	0	3
Choctaw	0	0	0	1	0	1
Clarke	0	0	0	0	0	0
Clay	0	0	1	0	0	1
Cleburne	0	0	0	0	0	0
Coffee	0	1	1	1	1	4
Colbert	0	0	0	1	0	1
Conecuh	0	0	0	0	0	0
Coosa	0	0	0	0	0	0
Covington	0	0	0	0	2	2
Crenshaw	0	0	0	4	2	6
Cullman	0	1	1	0	0	2
Dale	1	0	1	3	0	5
Dallas	0	0	0	2	3	5
DeKalb	0	0	1	1	0	2
Elmore	0	3	0	2	0	5

<b>County of Residence</b>	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Escambia	0	1	1	2	1	5
Etowah	0	1	0	1	2	4
Fayette	0	0	0	0	0	0
Franklin	0	0	0	1	1	2
Geneva	0	1	1	0	1	3
Greene	0	0	1	1	0	2
Hale	0	0	1	0	0	1
Henry	0	0	0	1	0	1
Houston	1	2	3	7	4	17
Jackson	0	0	1	1	0	2
Jefferson	1	2	7	5	4	19
Lamar	0	0	0	0	1	1
Lauderdale	0	0	0	1	1	2
Lawrence	0	1	1	2	4	8
Lee	1	2	3	2	2	10
Limestone	0	0	0	3	0	3
Lowndes	0	0	1	2	3	6
Macon	0	0	0	2	2	4
Madison	1	0	1	3	1	6
Marengo	0	0	0	1	0	1
Marion	0	0	1	0	0	1
Marshall	0	0	1	1	0	2
Mobile	0	2	5	6	7	20
Monroe	0	0	0	0	1	1
Montgomery	0	1	2	11	5	19
Morgan	0	0	4	5	0	9
Perry	0	0	0	0	0	0

<b>County of Residence</b>	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Pickens	0	0	0	0	0	0
Pike	0	1	2	1	3	7
Randolph	0	0	0	0	0	0
Russell	0	0	0	1	0	1
St. Clair	0	1	0	1	1	3
Shelby	4	3	5	3	2	17
Sumter	0	0	0	1	0	1
Talladega	0	1	2	3	1	7
Tallapoosa	0	0	0	1	0	1
Tuscaloosa	0	1	0	4	3	8
Walker	0	2	0	1	4	7
Washington	0	0	1	0	0	1
Wilcox	0	0	0	0	0	0
Winston	0	0	0	0	0	0
Total	12	32	61	99	72	276
Missing (System)						27
Total						303



ATTACHMENT 13  
NUMBER OF  
RESPONDENTS  
BY AAA, COUNTY,  
AND AGE GROUP

**Number of Respondents by AAA, County, and Age Group**

<b>Area Agency on Aging</b>	<b>County of Residence</b>	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
NACOLG	Colbert	0	0	0	1	0	1
	Franklin	0	0	0	1	1	2
	Lauderdale	0	0	0	1	1	2
	Marion	0	0	1	0	0	1
	Winston	0	0	0	0	0	0
	Subtotal	0	0	1	3	2	6
WARC	Bibb	0	0	0	0	0	0
	Fayette	0	0	0	0	0	0
	Greene	0	0	1	1	0	2
	Hale	0	0	1	0	0	1
	Lamar	0	0	0	0	1	1
	Pickens	0	0	0	0	0	0
	Tuscaloosa	0	1	0	4	3	8
	Subtotal	0	1	2	5	4	12
M4A	Blount	0	0	0	1	0	1
	Chilton	1	1	1	0	0	3
	Shelby	4	3	5	3	2	17
	St. Clair	0	1	0	1	1	3
	Walker	0	2	0	1	4	7
	Subtotal	5	7	6	6	7	31
EARPDC	Calhoun	0	2	3	0	0	5
	Chambers	0	0	1	0	1	2
	Cherokee	0	0	0	1	1	2
	Clay	0	0	1	0	0	1
	Cleburne	0	0	0	0	0	0
	Coosa	0	0	0	0	0	0
	Etowah	0	1	0	1	2	4
	Randolph	0	0	0	0	0	0
	Talladega	0	1	2	3	1	7
	Tallapoosa	0	0	0	1	0	1
	Subtotal	0	4	7	6	5	22

<b>Area Agency on Aging</b>	<b>County of Residence</b>	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
SCADC	Bullock	0	0	0	0	3	3
	Butler	0	0	1	2	2	5
	Crenshaw	0	0	0	4	2	6
	Lowndes	0	0	1	2	3	6
	Macon	0	0	0	2	2	4
	Pike	0	1	2	1	3	7
	Subtotal	0	1	4	11	15	31
ATRC	Choctaw	0	0	0	1	0	1
	Clarke	0	0	0	0	0	0
	Conecuh	0	0	0	0	0	0
	Dallas	0	0	0	2	3	5
	Marengo	0	0	0	1	0	1
	Monroe	0	0	0	0	1	1
	Perry	0	0	0	0	0	0
	Sumter	0	0	0	1	0	1
	Washington	0	0	1	0	0	1
	Wilcox	0	0	0	0	0	0
	Subtotal	0	0	1	5	4	10
SARCOA	Barbour	0	1	1	0	0	2
	Coffee	0	1	1	1	1	4
	Covington	0	0	0	0	2	2
	Dale	1	0	1	3	0	5
	Geneva	0	1	1	0	1	3
	Henry	0	0	0	1	0	1
	Houston	1	2	3	7	4	17
	Subtotal	2	5	7	12	8	34
SARPC	Baldwin	1	1	3	5	2	12
	Escambia	0	1	1	2	1	5
	Mobile	0	2	5	6	7	20
	Subtotal	1	4	9	13	10	37
CAAC	Autauga	1	0	2	1	1	5
	Elmore	0	3	0	2	0	5
	Montgomery	0	1	2	11	5	19
	Subtotal	1	4	4	14	6	29
LRCOG	Lee	1	2	3	2	2	10
	Russell	0	0	0	1	0	1
	Subtotal	1	2	3	3	2	11

<b>Area Agency on Aging</b>	<b>County of Residence</b>	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
NARCOG	Cullman	0	1	1	0	0	2
	Lawrence	0	1	1	2	4	8
	Morgan	0	0	4	5	0	9
	Subtotal	0	2	6	7	4	19
TARCOG	DeKalb	0	0	1	1	0	2
	Jackson	0	0	1	1	0	2
	Limestone	0	0	0	3	0	3
	Madison	1	0	1	3	1	6
	Marshall	0	0	1	1	0	2
	Subtotal	1	0	4	9	1	15
OSCS	Jefferson	1	2	7	5	4	19
Subtotal		12	32	61	99	72	276
Unknown							27
Total							303

ATTACHMENT 14  
NUMBER OF  
RATINGS FOR  
SCALED ITEMS

## **Unmet Needs**

### **Access to wellness, disease prevention, and health care**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Greatest unmet need	0	3	4	12	16	35
2 <sup>nd</sup> greatest unmet need	1	4	12	9	11	37
3 <sup>rd</sup> greatest unmet need	1	4	5	9	7	26
Subtotal	2	11	21	30	34	98
Unknown Age						3
Missing (System)						202
Total						303

### **Quality, affordable health care**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Greatest unmet need	3	3	7	18	15	46
2 <sup>nd</sup> greatest unmet need	0	5	4	11	7	27
3 <sup>rd</sup> greatest unmet need	2	1	8	9	3	23
Subtotal	5	9	19	38	25	96
Unknown Age						8
Missing (System)						199
Total						303

### **Personal care for those with limitations in their activities of daily living**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Greatest unmet need	1	10	13	18	6	48
2 <sup>nd</sup> greatest unmet need	2	1	7	22	14	46
3 <sup>rd</sup> greatest unmet need	2	6	5	5	5	23
Subtotal	5	17	25	45	25	117
Unknown Age						4
Missing (System)						182
Total						303

### Adequate food and good nutrition

	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Greatest unmet need	1	1	4	6	2	14
2 <sup>nd</sup> greatest unmet need	2	3	8	12	8	33
3 <sup>rd</sup> greatest unmet need	2	3	7	5	11	28
Subtotal	5	7	19	23	21	75
Unknown Age						4
Missing (System)						224
Total						303

### Affordable housing

	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Greatest unmet need	0	1	4	3	5	13
2 <sup>nd</sup> greatest unmet need	2	4	6	4	5	21
3 <sup>rd</sup> greatest unmet need	2	2	5	8	1	18
Subtotal	4	7	15	15	11	52
Unknown Age						4
Missing (System)						247
Total						303

### Transportation for people who no longer drive or are unable to use public transportation

	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Greatest unmet need	4	8	14	21	11	58
2 <sup>nd</sup> greatest unmet need	3	5	4	7	8	27
3 <sup>rd</sup> greatest unmet need	1	6	2	23	11	43
Subtotal	8	19	20	51	30	128
Unknown Age						10
Missing (System)						165
Total						303

### Adequate social interaction

	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Greatest unmet need	0	0	0	1	2	3
2 <sup>nd</sup> greatest unmet need	1	2	7	6	2	18
3 <sup>rd</sup> greatest unmet need	0	2	3	8	8	21
Subtotal	1	4	10	15	12	42
Unknown Age						4
Missing (System)						257
Total						303

### Information and/or assistance in obtaining benefits and services

	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Greatest unmet need	2	2	5	6	6	21
2 <sup>nd</sup> greatest unmet need	2	2	4	14	8	30
3 <sup>rd</sup> greatest unmet need	1	4	6	9	9	29
Subtotal	5	8	15	29	23	80
Unknown Age						4
Missing (System)						219
Total						303

### Maintenance of the interior and exterior of one's home/residence

	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Greatest unmet need	2	5	7	12	7	33
2 <sup>nd</sup> greatest unmet need	0	5	6	10	6	27
3 <sup>rd</sup> greatest unmet need	1	4	10	14	10	39
Subtotal	3	14	23	36	23	99
Unknown Age						6
Missing (System)						198
Total						303



## **Organizations' Greatest Challenges or Barriers in Serving Older Alabamians**

### **Recruiting and retaining quality staff/workers**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Primary challenge or barrier	1	6	4	8	8	27
Secondary challenge or barrier	2	3	2	10	11	28
Subtotal	3	9	6	18	19	55
Unknown Age						1
Missing (System)						247
Total						303

### **Meeting the ethnic, cultural, and language needs of a diverse population**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Primary challenge or barrier	0	0	2	4	3	9
Secondary challenge or barrier	0	1	4	5	9	19
Subtotal	0	1	6	9	12	28
Unknown Age						0
Missing (System)						275
Total						303

### **Public's lack of familiarity with the availability of services**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Primary challenge or barrier	4	3	7	12	12	38
Secondary challenge or barrier	5	4	6	15	10	40
Subtotal	9	7	13	27	22	78
Unknown Age						3
Missing (System)						222
Total						303

### **Prospective clients' unwillingness to accept assistance**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Primary challenge or barrier	1	1	1	0	2	5
Secondary challenge or barrier	0	1	7	16	6	30
Subtotal	1	2	8	16	8	35
Unknown Age						2
Missing (System)						266
Total						303

**Older adults' lack of sufficient income needed to obtain your services**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Primary challenge or barrier	0	1	5	6	7	19
Secondary challenge or barrier	0	5	9	3	4	21
Subtotal	0	6	14	9	11	40
Unknown Age						2
Missing (System)						261
Total						303

**Seniors' lack of transportation in order to access your services**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Primary challenge or barrier	0	0	4	6	4	14
Secondary challenge or barrier	0	6	6	11	6	29
Subtotal	0	6	10	17	10	43
Unknown Age						2
Missing (System)						258
Total						303

**Insufficient funding for your program/services**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Primary challenge or barrier	5	20	26	51	23	125
Secondary challenge or barrier	4	6	5	5	9	29
Subtotal	9	26	31	56	32	154
Unknown Age						9
Missing (System)						140
Total						303

**Regulatory/bureaucratic barriers that inhibit your ability to provide services**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Primary challenge or barrier	1	2	9	9	10	31
Secondary challenge or barrier	0	6	17	28	10	61
Subtotal	1	8	26	37	20	92
Unknown Age						9
Missing (System)						202
Total						303

## **Personal Barriers that Prevent People from Accessing Services**

### **Abuse/neglect**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Significant	0	1	8	13	10	32
Some	4	10	16	36	21	87
Slight	3	7	11	9	17	47
No evidence	5	10	18	34	20	87
Subtotal	12	28	53	92	68	253
Not sure						24
Unknown Age						14
Missing (System)						12
Total						303

### **Afraid to seek services**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Significant	1	2	5	10	9	27
Some	6	14	26	31	26	103
Slight	5	9	16	36	11	77
No evidence	1	6	10	19	17	53
Subtotal	13	31	57	96	63	260
Not sure						17
Unknown Age						14
Missing (System)						12
Total						303

### **Caregiver unable to get off work**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Significant	4	8	22	25	19	78
Some	2	16	20	36	18	92
Slight	3	3	6	20	16	48
No evidence	0	3	8	12	12	35
Subtotal	9	30	56	93	65	253
Not sure						23
Unknown Age						14
Missing (System)						13
Total						303

### Co-pay or fee unaffordable

	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Significant	5	10	28	24	23	90
Some	3	12	15	25	23	78
Slight	0	2	1	21	9	33
No evidence	5	6	15	22	14	62
Subtotal	13	30	59	92	69	263
Not sure						13
Unknown Age						14
Missing (System)						13
Total						303

### Depression

	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Significant	4	9	19	31	10	73
Some	3	10	26	37	38	114
Slight	4	9	10	18	14	55
No evidence	1	1	2	9	7	20
Subtotal	12	29	57	95	69	262
Not sure						16
Unknown Age						15
Missing (System)						10
Total						303

### Lack of child care services for caregiver

	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Significant	1	3	8	12	5	29
Some	2	15	20	22	22	81
Slight	2	6	7	23	15	53
No evidence	7	6	18	28	24	83
Subtotal	12	30	53	85	66	246
Not sure						30
Unknown Age						13
Missing (System)						14
Total						303

### Lack of family support

	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Significant	5	14	22	26	24	91
Some	4	13	25	44	30	116
Slight	4	2	7	19	14	46
No evidence	0	3	3	8	4	18
Subtotal	13	32	57	97	72	271
Not sure						7
Unknown Age						13
Missing (System)						12
Total						303

### Lack of motivation or desire

	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Significant	2	10	9	14	10	45
Some	7	12	34	56	41	150
Slight	4	6	8	22	10	50
No evidence	0	4	4	4	8	20
Subtotal	13	32	55	96	69	265
Not sure						11
Unknown Age						14
Missing (System)						13
Total						303

### Lack of permanent home address

	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Significant	0	0	3	0	2	5
Some	2	4	9	15	14	44
Slight	6	12	17	35	16	86
No evidence	4	12	23	40	35	114
Subtotal	12	28	52	90	67	249
Not sure						28
Unknown Age						12
Missing (System)						14
Total						303

### Lack of transportation

	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Significant	5	16	27	50	37	135
Some	4	12	19	28	16	79
Slight	3	4	9	13	11	40
No evidence	0	1	5	9	6	21
Subtotal	12	33	60	100	70	275
Not sure						4
Unknown Age						14
Missing (System)						10
Total						303

### Language/cultural differences

	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Significant	0	1	1	6	3	11
Some	3	4	14	15	15	51
Slight	3	11	17	30	17	78
No evidence	6	14	23	39	32	114
Subtotal	12	30	55	90	67	254
Not sure						20
Unknown Age						14
Missing (System)						15
Total						303

### Loneliness

	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Significant	3	9	28	32	27	99
Some	7	14	20	33	20	94
Slight	1	3	7	17	15	43
No evidence	1	3	2	11	6	23
Subtotal	12	29	57	93	68	259
Not sure						17
Unknown Age						15
Missing (System)						12
Total						303

### Loss of financial security

	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Significant	4	13	27	39	29	112
Some	4	15	19	34	23	95
Slight	2	3	8	14	10	37
No evidence	1	1	3	10	9	24
Subtotal	11	32	57	97	71	268
Not sure						11
Unknown Age						14
Missing (System)						10
Total						303

### Loss of freedom of choice

	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Significant	3	3	12	18	12	48
Some	1	16	19	33	26	95
Slight	4	7	11	21	11	54
No evidence	4	4	12	21	14	55
Subtotal	12	30	54	93	63	252
Not sure						21
Unknown Age						14
Missing (System)						16
Total						303

### Poor health or mobility

	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Significant	6	19	28	53	42	148
Some	4	9	21	33	20	87
Slight	3	4	3	8	4	22
No evidence	0	0	5	4	4	13
Subtotal	13	32	57	98	70	270
Not sure						10
Unknown Age						13
Missing (System)						10
Total						303

### Sexual orientation

	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Significant	0	0	0	1	3	4
Some	0	0	4	4	2	10
Slight	2	5	9	9	15	40
No evidence	8	22	36	70	38	174
Subtotal	10	27	49	84	58	228
Not sure						44
Unknown Age						14
Missing (System)						17
Total						303

### Stigma, discrimination, and prejudice

	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Significant	0	0	3	5	4	12
Some	1	1	13	18	15	48
Slight	4	12	16	23	24	79
No evidence	6	15	21	46	20	108
Subtotal	11	28	53	92	63	247
Not sure						29
Unknown Age						13
Missing (System)						14
Total						303

### Substance abuse problems

	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Significant	0	3	8	12	16	39
Some	2	7	16	23	14	62
Slight	6	8	9	22	13	58
No evidence	4	10	18	33	18	83
Subtotal	12	28	51	90	61	242
Not sure						30
Unknown Age						14
Missing (System)						17
Total						303



## **Service-related Barriers that Prevent People from Accessing Services**

### **Consumer's lack of insurance**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Significant	3	10	16	24	19	72
Some	3	17	19	32	27	98
Slight	2	2	12	22	5	43
No evidence	3	3	11	15	11	43
Subtotal	11	32	58	93	62	256
Not sure						15
Unknown Age						12
Missing (System)						20
Total						303

### **Eligibility determination process is cumbersome and lengthy**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Significant	2	11	27	31	28	99
Some	8	15	15	26	20	84
Slight	2	3	9	21	6	41
No evidence	1	4	6	16	12	39
Subtotal	13	33	57	94	66	263
Not sure						10
Unknown Age						13
Missing (System)						17
Total						303

### **Estate recovery rule**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Significant	1	2	7	10	7	27
Some	1	4	10	11	12	38
Slight	2	7	6	12	10	37
No evidence	7	11	25	36	18	97
Subtotal	11	24	48	69	47	199
Not sure						71
Unknown Age						11
Missing (System)						22
Total						303

### High turnover of agency staff

	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Significant	0	4	6	5	3	18
Some	3	12	10	14	16	55
Slight	5	4	10	21	13	53
No evidence	4	10	29	47	29	119
Subtotal	12	30	55	87	61	245
Not sure						25
Unknown Age						12
Missing (System)						21
Total						303

### Individual does not meet behavioral criteria for program (criteria set too high or too low)

	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Significant	1	4	10	11	6	32
Some	3	7	11	20	17	58
Slight	3	5	12	16	16	52
No evidence	5	10	19	32	22	88
Subtotal	12	26	52	79	61	230
Not sure						36
Unknown Age						13
Missing (System)						24
Total						303

### Lack of adequate or suitable facilities

	20 - 29	30 - 39	40 - 49	50 - 59	60 and older	Total
Significant	1	6	14	20	11	52
Some	1	6	12	25	22	66
Slight	5	7	9	22	13	56
No evidence	5	12	21	27	18	83
Subtotal	12	31	56	94	64	257
Not sure						11
Unknown Age						13
Missing (System)						22
Total						303

**Lack of appropriately trained staff, including cross-training  
(e.g., in substance abuse or addiction issues)**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Significant	0	5	6	8	9	28
Some	3	5	12	18	17	55
Slight	6	8	11	14	9	48
No evidence	3	13	25	47	26	114
Subtotal	12	31	54	87	61	245
Not sure						24
Unknown Age						13
Missing (System)						21
Total						303

**Lack of specialized professionals (geriatricians, geriatric nurses,  
gerontologists, social workers, physicians, dietitians, etc.)**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Significant	3	6	11	19	23	62
Some	1	10	20	20	20	71
Slight	6	6	6	20	7	45
No evidence	2	10	20	30	16	78
Subtotal	12	32	57	89	66	256
Not sure						17
Unknown Age						12
Missing (System)						18
Total						303

**Lack of volunteers**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Significant	2	11	23	34	20	90
Some	4	9	13	29	23	78
Slight	4	8	15	16	12	55
No evidence	1	2	6	19	14	42
Subtotal	11	30	57	98	69	265
Not sure						9
Unknown Age						13
Missing (System)						16
Total						303

**Limited hours of operation**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Significant	1	3	7	11	6	28
Some	1	9	15	20	20	65
Slight	5	4	17	24	10	60
No evidence	4	15	18	38	27	102
Subtotal	11	31	57	93	63	255
Not sure						17
Unknown Age						13
Missing (System)						18
Total						303

**Long waiting lists**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Significant	10	20	25	29	25	109
Some	1	3	6	18	14	42
Slight	1	2	7	17	11	38
No evidence	1	8	14	27	13	63
Subtotal	13	33	52	91	63	252
Not sure						15
Unknown Age						14
Missing (System)						22
Total						303

**Refusal by providers to accept clients with Medicaid/Medicare  
because the reimbursement rate is too low**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Significant	2	5	16	22	10	55
Some	1	7	8	14	19	49
Slight	2	4	9	15	6	36
No evidence	7	13	19	34	26	99
Subtotal	12	29	52	85	61	239
Not sure						37
Unknown Age						10
Missing (System)						17
Total						303

**Refusal by providers to accept privately paid insurance**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Significant	0	2	4	6	5	17
Some	1	3	9	6	13	32
Slight	1	7	9	20	7	44
No evidence	8	17	30	50	32	137
Subtotal	10	29	52	82	57	230
Not sure						43
Unknown Age						13
Missing (System)						17
Total						303

**Restrictive medication policies (e.g., formularies, monthly limits)**

	<b>20 - 29</b>	<b>30 - 39</b>	<b>40 - 49</b>	<b>50 - 59</b>	<b>60 and older</b>	<b>Total</b>
Significant	1	5	11	16	8	41
Some	4	6	15	23	20	68
Slight	2	6	5	14	7	34
No evidence	3	10	21	28	22	84
Subtotal	10	27	52	81	57	227
Not sure						41
Unknown Age						13
Missing (System)						22
Total						303



ATTACHMENT 15  
NUMBER AND  
PERCENT OF  
TEXT RESPONSES

### Text Responses from Two Topical Areas

Comments Pertaining to Personal Barriers	Frequency	Percent
Agency does not have enough funds or staff to assist all who ask	2	13.3
Lack of knowledge of available services, or how to obtain them (for both caregivers and clients)	2	13.3
Caregiver does not have a companion to visit with spouse while they attend senior center activities	1	6.7
Concerned about the way people are treated when seeking assistance and the length of time a person has to wait before services begin; the value or benefit of the service to be received – is it worth the effort?	1	6.7
Concerned about Medicaid not covering residents of assisted living facilities; Alabama seems to prefer paying twice as much to care for these individuals in nursing homes; hopes Alabama Legislature gets serious about delivering quality, cost-effective care to senior citizens	1	6.7
Limited home health services and in-home homemaker and personal care services due to budget cuts	1	6.7
Many seniors are isolated and live in rural areas; they do not understand how to navigate the system	1	6.7
Many seniors have limited computer access; lack of understanding from computer savvy young staff	1	6.7
Need transportation services for seniors to visit health care providers / facilities	1	6.7
Role reversal: adult child of an adult with disabilities accepting the need to take responsibility for the parent	1	6.7
Some individuals have cognitive and physical limitations which prevent them from accessing available services	1	6.7
Treat our parents the way the Chinese do; take them into your home until the end of life	1	6.7
Wages earned will cause loss of benefits	1	6.7
Total	15	



<b>Comments Pertaining to Service-related Barriers</b>	<b>Frequency</b>	<b>Percent</b>
Concerned about HMOs and the denial of home health benefits	1	12.5
Concerned about physicians taking advantage of our seniors, because seniors are so trusting and take to heart what they are told	1	12.5
Concerned about prospective clients' low educational levels which limit or prohibit their understanding of service providers' rules/regulations and program terminology; too many individuals just give up and make do with what little they get; many service workers are not trained well enough to recognize that the real problem is inability to communicate	1	12.5
Education on the best supplemental insurance coverage	1	12.5
Lengthy application process and wait for Social Security determination and for Medicaid Waiver services; limited mental health services	1	12.5
Local assistance programs have less funds to help people with emergencies and free home-delivered meals	1	12.5
Long waiting lists for services or no services for which client is eligible; complicated Medicaid/Medicare/HMO eligibility requirements which need to be enforced to reduce the number of persons requiring services paid by Medicaid, etc. even to the extent that victims are punished for their own physical and/or mental disabilities or for their alleged perpetrators' transactions	1	12.5
Reimbursement processes are cumbersome with managed care and Medicare HMOs	1	12.5
Total	8	

<b>General Text Responses</b>	<b>Frequency</b>	<b>Percent</b>
Need information and assistance (I&A) concerning available services and benefits counseling (explanation of Medicare, Medicaid, supplemental insurance options, and private insurance coverage); many people do not know what they are entitled to, eligible for, and the process is complicated; recommend more advertising in newspapers, magazines, radio, and television concerning I&A services; many rural residents are unaware of their options; need more education about the role and importance of care management; need more support groups	6	16.2
Need more services for seniors; high demand for homemaker services, respite care, and other home and community-based services; many families cannot afford the paid help their loved one needs; some service providers want to hire more staff; discontinuance of homemaker services provided by DHR has hurt a significant number of our clients	6	16.2
Caregiving concerns: need more education on Alzheimer's disease; families need seminars on helping parents and themselves prepare for the parent or family member's second childhood; due to abuse, neglect, and exploitation concerns, caregivers need to be bonded and trained as well as taught to be honest, trustworthy, and dependable; need more support for grandparents raising grandchildren; need more assistance for caregivers of mentally handicapped adult children and for the adult children when their caregivers die or are physically unable to provide care; recommend DHR provide financial assistance to family caregivers who are unable to work, care for ill family members, and have a life of their own	5	13.5
Need to continue building partnerships to share data, examine needs, prevent duplication of services, express a common message to the Alabama Legislature, and serve more seniors, adults with disabilities, and family caregivers with fewer dollars; need to develop a statewide single-point-of-entry system, increase funding levels for programs where needed, increase the number of aging professionals, reduce size of waiting lists, and respond to individuals' needs in a timely manner; not enough services or providers to meet the needs – fragmented services are difficult to access; develop a Senior Policy Council, housed in a neutral, non-fund competing agency	4	10.8
Increase Medicaid Waiver funding and slots to provide more home and community-based services and home modifications so more seniors can remain in their homes; need to reduce the size of the waiting list and time needed for application review and approval	3	8.1
Concerned about limited program funding and funding for medically-necessary services but not for non-medical needs, such as assistance with activities of daily living and instrumental activities of daily living; many medical needs and depression can be avoided through many non-medical services; the right for mentally ill people to live as they please without accepting treatment makes it very difficult to get anyone to help them	2	5.4

<b>General Text Responses</b>	<b>Frequency</b>	<b>Percent</b>
Concerned for low-income persons ages 55-64 without insurance who need health care; few available resources and free clinics are unavailable in each county; medical care is expensive for underinsured or uninsured individuals; lack of financial resources for providers, such as the family resource centers, to meet the growing need to support and strengthen these families	2	5.4
Need more inexpensive, safe transportation services, including public transportation for seniors and persons with disabilities to promote self-sufficiency	2	5.4
Recommend providing a county guardian for small counties to assist in getting seniors and persons with disabilities into nursing facilities that require a sponsor; no one is available to serve in this role; families do not want/need additional financial burdens	2	5.4
Lack of senior centers and qualified site directors	1	2.7
Need coordination, education, and cooperation of law enforcement, attorneys, district attorneys, professionals, etc. in the laws and the protection of seniors and persons with disabilities	1	2.7
Recommend more time allotted to announce programs and services; lengthen the sign-up time, especially for clients needing to find transportation and travel long distances	1	2.7
Recommend retirement planning assistance to ensure ample assets are available to meet private-pay obligations; concern about “underground economy” where no one contributes FICA taxes and are violating IRS regulations by not paying payroll taxes on private sitter services	1	2.7
Some seniors’ quality of life is compromised due to: high cost of hearing aids (no insurance helps with this; older person becomes isolated, depressed – safety is an issue); vision loss (transportation is very challenging to seniors); high cost of reading equipment	1	2.7
Total	37	